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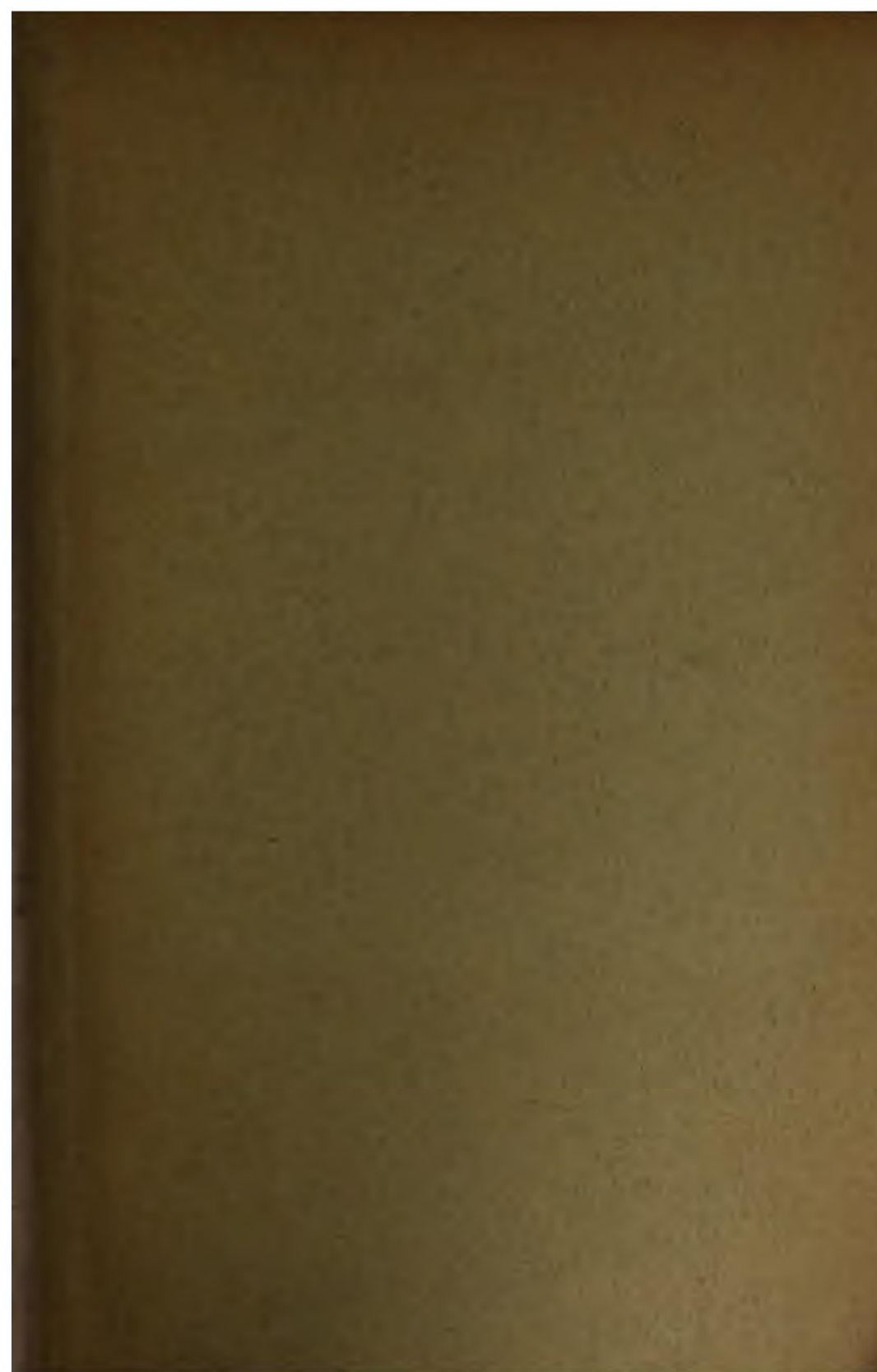
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ORIGINAL COMMUNICATIONS.

CAUSE AND EFFECT IN THE PRACTICE OF MEDICINE.

By H. L. Henderson, M. D., Astoria, Oregon.

The most universal law in the realm of science, is that expressed in the words, "when conditions are the same, like causes always produce like effects." It is the foundation stone upon which rests the whole superstructure of inductive and deductive logic. It is the very soul of the exact sciences, and without it, the theoretical or metaphysical fabric would be without vitality. This law is as old as science itself; in fact, without it, scientific analysis would be impossible. Think for a moment what would be the condition of the science of astronomy, if the astronomer could not use this law in making his deductions. He well knows that light from a given metal produces certain lines upon the spectrum, and from this he is enabled to tell us the composition of the most distant star. He calculates the eclipses, the tides, and all other celestial phenomena, with an exact nicety, that is astounding to the one who has never studied the celestial heavens with a scientific eye. The engineer is enabled to tell us the height of a mountain, the summit of which has never been and will never be trod by human foot, yet he tells us to the fraction of an inch its exact altitude. He can lay out an encampment, or draw the draft of a beautiful building, and in each of his efforts he is governed entirely by the application of this homely but universal law. Our every-day lives are all cast in accordance with this inflexible law, and from it we draw the inspiration that we call ambition, and upon it we build our hopes of success, and from it we estimate our degree of failure. In fact, it is the mainspring of all active

as well as inert existence, and without it the universe would be a chaos.

How strange it is, that in spite of the universal applicability of this all-governing law, but little if any attention is given to it in the science of medicine. The science of medicine should be the most exact of all the sciences, yet because of the fact that it almost entirely ignores this one law, it is of all the sciences the most inaccurate. We may read the most popular authors from cover to cover, and never find a single reference to its application. This is not as it should be; and until our teachers awake to the fact that our professional knowledge is subject to this rule, we will have a haphazard materia medica, and a therapeutics that is based on mere hearsay, and the death-rate of our most severe diseases will steadily increase. To the contrary: When our teachers and authors wake up to the fact that cases of disease are an aggregation of symptoms produced through and by the well-known law of cause and effect, and that the actions and applications of the remedies and means for the cure of disease are governed by the same rule, then and only then will the science of medicine attain the acme of its natural purity, and the people will rise up and call its practitioners blessed. Then physicians will not openly say that the practice of medicine is uncertain, for if they should make such an assertion, it would display their ignorance of well established truths.

In the study of medicine, and the application of the law of cause and effect, we find that in the domain of pathology we meet with by far the larger part of what we denominate the cause, while in that department known as symptomatology, we see the effects. In other words, symptoms are effects of either known or unknown pathological causes. A few illustrations of the application of this postulate, must suffice, for when we approach this subject, we open out such a vast field of thought that it becomes so extensive that it can not be handled within the limits of an ordinary essay.

When the physician visits a case of any form of disease, one of the things that he will almost invariably ask of his patient, is, "Let me see your tongue!" Suppose that in a given case, he finds a tongue that is coated with a white coating, and that there is a marked pallor of the mucous membrane: He will at once reason back from effect to cause, as he well knows that that coating and that mucous membrane in its pallor, is simply an effect. Of course, he must rely on the statements made by well reputed physiologists, and what they all agree in telling is, that when there exists within the volume of the circulating blood, a deficiency, as compared with the normal standard, of the alkaline salts in their various combinations, the consistency of the blood is thereby increased; or, in other words, the blood becomes thicker, being proportionately unable to permeate the minute capillaries with its normal freedom, and as a result or

effect, the superficial capillaries become anemic, and thus we find the pallid tongue indicating a pathological condition. The logical procedure of the intelligent physician, in such a case, would be to administer to the given case the remedy that will help nature to neutralize the existing abnormal state, and probably the remedy suggested will be, bicarbonate of soda. The soda becomes a cause, and the effect is, a normal condition of the blood. In another case, we will find the element of sepsis added to the excessive alkalinity, and then we find a foul coating on the tongue, as well as pallor of the mucous membrane, and in that case the physician who is governed by the law of cause and effect, will use the antiseptic alkali, sulphite of soda, and the effect is a cure. So must all the alkaline remedies be used, for if we find that a defect in the quantity of the alkaline salts will produce the given symptom in a given case, then we have established the fact that in all cases, where conditions are the same, like causes always produce like effects: and when we have found that the administration of the soda salt meets the given pathological condition in one case, we are compelled to admit that it will meet the same pathological condition in all cases, when conditions are the same.

In another class of cases, although it might be that they are the same diseases affecting the patient, we will find that there is an excessive proportion of the alkaline salts in the blood, then of course we will see the opposite symptoms: A red mucous membrane, with a tendency to capillary hemorrhage. This is an established physiological and pathological fact. In that case the physician will administer the chemical agent that will overcome, or assist nature in overcoming the abnormal condition existing in the blood, and the patient will get an acid, which will act as a cause, and the effect will be, that the symptom indicating a pathological condition will disappear, and health of the patient is the result. Experiment and chemistry have demonstrated time and again that the statements made are true in the cases mentioned, and if they are true in the case of the soda salts and the acids, then we have established a law that must govern the administration of all medicines that are in the form of an acid or an alkali, and whenever one of these medicines is given it must conform to the law, or otherwise the physician is not in the position of assistant to nature; but, to the contrary, he is an impediment to her efforts in restoring the body to its normal condition.

If the law of cause and effect so completely dominates the method of administering the inorganic remedies, such as the acids and alkalis, then we may well ask, does the same law govern in the action and application of the organic remedies? Such an inquiry must be answered in the affirmative. A few illustrations must suffice. In physiology and in pathology, we learn that all muscular contractile fibre possesses a certain property which is called tonicity, and another property called irri-

tability. The first is that property that holds the muscular tissues in a constant state of mild tonic contraction, and the latter is that factor which enables it to respond to irritation or stimulation. Almost the entire circulatory apparatus is built up of this contractile tissue. If from some diseased condition, be it from within or without the body, we find that there exists an exaltation of the degree of tonicity, the condition will probably manifest itself in the walls of the arteries as soon, if not sooner, than in any other part of the system. An increase of this function would necessarily give us a hard, incompressible pulse. Then we have a diseased condition in which some perhaps unknown or known cause, such as malaria, retained excretion, etc., has been the cause, and a full, hard, bounding pulse is the symptom or effect. The next question to answer is, what remedy shall we use as a cause that will bring about the effect of neutralizing the cause, and thus bring on the effect of cure or health? A study of the physiological action of remedies will reveal that all authors who have made a study of the action of drugs, concur in the statement that the action of *veratrum viride* lessens or paralyzes the tonicity of muscular fibre. Then in the given case we will give that drug to the extent of neutralizing the exalted tonicity, and the effect that must necessarily follow is that of health. In another case we find an exaltation of the irritability of muscular fibre, and as a result we find that the heart responds too quickly to the stimulation of the presence of the blood volume, thus giving us the quick, small pulse. It may be that this patient is suffering from the same original pathological cause as was the first one; but instead of the cause manifesting on the tonicity, it is now developed on the irritability. Again we turn to the physiological action of drugs, and we readily learn that *aconite* is the remedy that meets and overcomes the abnormal condition, and as a result our patient is well.

Thus we see the action of certain remedies that influence the arterial circulation. The capillaries are equally amenable to the intelligent application of drugs for the overcoming of pathological conditions. For a part to perform its functions properly, the blood must flow through it in a normal and equal stream. Now, if some pathological condition supervenes, whereby the current of blood is slowed or stagnated, then we must necessarily find that the functions of that organ or part are being carried on in that same stagnated or sluggish manner. What symptom then necessarily follows when we have congestion of the brain? Sluggishness, torpor, inclination to sleep, possibly going to the extent of coma. In this case, the original or primary cause may have been identical with that of the former study, but in this case it is manifested in the form of congestion of the cerebral capillaries. Again referring to our physiological or well known action of drugs, we find that if we will use *belladonna* as a cause with which to combat the symptom and pathological state,

a normal circulation of the blood in the brain is soon established, and the effect is health of the patient. Again we will reverse the pathological picture, and we will find that our case is one in which the capillary circulation of the brain is exalted above the normal standard, or, in other words, we have determination of blood to the brain, or irritation of the brain. Then we will find the functions of the brain manifested in an exalted degree. Activity, delirium, restlessness, flushed face and conjunctiva, perhaps violent pain and photophobia. If we look again to our *materia medica*, we will learn that we can meet this manifestation with the organic remedy, gelsemium, and all signs of disease will disappear, and what more does the physician want than to see his patient in a healthy condition?

Thus we see, in short outline, the application of the law of cause and effect in the pathology of disease, and in its manifestation which we call symptoms, and we also see the application of counter causes in the science of *materia medica*, and its results we see in therapeutics. To my mind, one of the most curious things to be seen in an analytical study of the popular and current literature of the science of medicine, is the fact, that we often see that the same author will successively in writing on different subjects, mention each of the points brought out in the foregoing, yet he seems to utterly forget to reason from cause to effect, and thus give us a scientific and exact therapeutics. Thus we read from that popular author of recently past time, Flint, and in his classical work on Human Physiology, he tells us the facts that are mentioned above in relation to wrong states of the body, or perverted physiological conditions. Then he writes a work that is superior to many, on the subject of the practice of medicine, and tells us these same symptoms, but when he takes up the treatment of the given case, he seems to forget the cause of these symptoms, and to utterly ignore the natural action of drugs, with which he must necessarily have been well acquainted. And so it is with practically all of the popular authors and teachers of the day, so that the student must of necessity work out his own salvation, as well as that of his patient, by persistent and laborious research and logical reasoning. The admirable work of H. C. Wood, on therapeutics, is a jewel in its way, clearly defining and tracing the action of drugs, and it is possibly in the hands of a very large number of the medical profession; but how few of them use it in this clear light of cause and effect, to the enhancement of their own fame, and the salvation of their patients. The classical work of Headland on the action of remedies is also very clear in this line of thought, but teachers and writers generally ignore its implications.

The outline of the action of both the organic and the inorganic remedies mentioned before, is but a hint of what is revealed when we look at disease through the lens of cause and effect, and apply our remedies accordingly. I will make the

broad assertion, that there is not a single pathological condition that can exist in the body, but that that condition is shadowed forth in the form of a symptom; and that there is not nor can there be, a single symptom manifesting a pathological condition, that can not be met and neutralized by a well known and efficient remedy, all through this law of cause and effect. The illustrations mentioned above simply show the line of thought, and the definite and exact practice of medicine that must result from such knowledge. Such knowledge is within the reach of every one who will open his eyes and search for it.

With this knowledge, what becomes of the menagerie known as bacteriology? What would it signify to the physician what was the form of the bacteria producing the given disease, except in the way of preventive medicine, so long as he was well aware that he had in his possession a medicine that would surely neutralize its effects, and render it inert. Viewed in this light, what becomes of that personification of nastiness, serum therapy, with all its repulsive paraphernalia? If physicians possessed this knowledge, which they should, the whole mass of it would pass into innocuous desuetude where it belongs, for it will not stand the test of logic, nor the crucible of either physiology, pathology or clinical demonstration. Again, the ubiquitous drug sampler would find his occupation gone, and the manufacturers of secret preparations and patent medicines be compelled to devote their talents to other more useful if not so lucrative fields.

And why do not physicians as a whole learn this knowledge and practice medicine in its effulgent light? Echo answers, Why? The farmer hires several able-bodied men to work for him on his farm. If he should give them simply orders to go out and work, it would be but a short time until he would be a bankrupt. But if he says to one, you go and repair a certain piece of fence, and to another, you go and harvest a certain field of grain, and to another, you go and plant a certain piece of ground to wheat, he will husband his wealth, as well as his farm, and money and honors will flow to him. But the average physician has not the astuteness of the farmer; he takes his *materia medica*, and without much regard for the particular duties which each of his assistants, his medicines, is best suited to perform, he fires them into the suffering body of his patient, in the false or vain hope that some one of them will do the work, and his patient get well. Such work as this is the reason of the increasing death-rate of some of the diseases of this country, and explains why it is that so many of our intelligent as well as ignorant patrons, are seeking the services of the faith-healer, the Christian scientist without the science, the osteopath, et al., *ad infinitum et nauseam*.

In my humble opinion, until physicians take up and master the science of medicine in the light of the law of cause and effect, medicine will never attain the pinnacle of honor and

glory among the people at large, to which its objects and aims entitle it. We Eclectics have ample reason to thank our stars that we are not so ignorant along these lines, as are our neighbors of the allopathic persuasion. Our great teachers, Scudder, King, Howe, and others still living, have pointed out to us the straight and narrow way that leads to right and successful practice, to our material and lucrative glorification, and to the longer lives and less suffering of our patients. It may be, that there are some Eclectic physicians, who have successfully passed through college, and obtained their diploma, and can even stand the ordeal of the average State Board of Examiners, and yet have never seen the beauties and simplicity of the practice of medicine when viewed in this light. To such it is time that they opened their eyes to these great truths. The lamented John M. Scudder did not write his numerous and instructive books, and deliver his convincing lectures in a haphazard manner, but he viewed these matters in the light as indicated in the preceding illustrations, and from this light drew out the magnificent structure which we to-day call "Specific Medication," which is certainly destined to revolutionize the whole practice of medicine. The "old school" physicians are coming to it rapidly, though possibly many of them are not aware of the fact. I, for one, do not regret the action taken by the dominant school of medicine, when they thought to annihilate all opposition to themselves, and threw open their doors to the reception of reputable "irregular physicians," for when they associate with those hated "irregulars," they are sure to learn something that will show to them that they are far behind their less presumptuous neighbor Eclectics; that we know something that they do not; and thus will come about a gradual but certain revolution in their manner of medication, and that manner of medication will be "Specific Medication."

PARISIAN MEDICAL CHIT-CHAT.

Translated by T. C. Minor, M. D., Cincinnati, O.

Why can the ignorant public longer doubt? The dust raised by a lady's trailing skirt may put tuberculosis in circulation. Yet no medical man, if taken into court and forced to place his personal testimony as to the contagion of consumptives on strictly judicial lines, would be able to prove his mere theory. Yet, the dear, deluded public never hesitates to adopt the statement made by a set of self-sufficient ignoramuses, as a settled, veritable fact, when medicine has but little science to boast of, and is really as yet but an empirical art. We are told, too, that the leaves of books hide the microbes of congestion of the brain. Perhaps they do, since a stupid writer is most apt to put his readers to sleep. We are told that the malignant staphylococcus lingers on badly washed dishes and hastily rinsed

glasses. Is this not enough to drive a hotel proprietor or restaurant keeper mad? People who eat ice-cream, made without cream, with decayed egg custard frozen, and flavored with coal oil extracts of vanilla, strawberry, etc., have stomach ache and vomiting, forthwith the public press yells, "Poisoning by ice-cream, due to the deadly ptomaine!" and it is up to the coroner to prove it. All this public agitation of germs and alleged microbes, is an indication of how great is the fear of death.

Some persons might say, "Is this true?" We say, "No!" for the age is optimistic. With all the public growling, it is still inspired by the readiness of hope! Whether new gold mines are discovered, or wars and social revolutions occur, the general public is happy, hoping for much better things for tomorrow. This grand old earth never before believed in everything as it does to-day. No matter how ridiculous may be the thing affirmed, it is all the better for the optimistic world. The only persons who lead a really bitter existence are the pessimists, the sick or imaginary ill, the detractors of life who regard all others as themselves. Such persons are more attached to their own personal sufferings, to all physical and mental tortures; the spectacle of a certain number of mundane inhabitants enjoying life despite microbes, is a sore affliction to such morbid minds. The world's narrow domains are enclosed in the medical pessimist. He detests all who hold optimistic views; he only adores himself, happy in the worship of false medical gods. The germ theorist seeks to attach the world to his own peculiar belief with an intense degree of energy. He endeavors to make mankind grow desperate, even to the point of suicide, by surrounding him with imaginary forms that threaten (?) a dearly cherished life. The bitterness of pessimism clouds all the pleasures of human life, so that one wonders why such medical men do not renounce all claim to earthly existence.

Optimism, on the contrary, enjoys the good things of this life, regardless of germ theories, and the alleged deadly microbes that have existed, if they ever did exist, since the dawn of creation. The life of the optimist is full of the spirit of adventure and heroism. He sees ever around him thousands of men who are aged and enjoy life, despite the little demons of the earth, air, and water. It is the optimist who dies on the battlefield in defense of his flag and country. He has none of the morose love of existence that clouds the life of the pessimistic man of peace. The optimist can not and will not understand the mania for precaution against an imaginary foe to human life, nor does he trouble his head about the microbe. A truly broad, brave man, even if he half believes, still has hope and but little fear. He believes in happiness as he believes in the immortality of his own soul. Yet, there are many very ignorant men who accept medicine as they accept religion; with such, the physician replaces the priest.

Already, as in ancient days, we see temples where medicine is worshipped, where they ignore radium, while using the radio-activity of sacred sources. Since all sciences are allied to that bosom of religion, and draw nourishment from its fountain, they can not forget their common mother, and inherit not only her imperious dogmatism, but as well her pessimistic practices. Modern medicine strives to impose rules as strict as those of the cloister. It requires passive obedience, the abandonment of a vanquished will, operating by miracles acting upon the emotions, as the ancient oracles of the temples did. They wish all their believers to have faith in their protection, and to live in fear and respect of the medical High Priests. They desire the masses of the public to have faith in their superior and mysterious power. The religious priest tells us of our duties, and knows our souls. The medical priest, in Prince Albert suit, makes us believe he knows the inner secrets of our organism, and the dangers that threaten it: both can conjure, aid, and change our being, if we but have faith in them; they can save the soul and the body. The sentiment of danger and a confidence in salvation is the action and reaction that is indispensable to our vital equilibrium.

This is why the world, it seems to us, takes pleasure in the microbe, and greater pleasure still in sterilizing its water and milk, submitting itself to the strict rules of an often false system of public hygiene. The modern world seeks to replace really pious prayers, rude abstinences and confession, by a doctor in place of a clergyman. They leave all to the physician instead of the priest.

Public hygiene and antiseptics do not suffice to make life delicious, nor do they perfect the general health. The preservative vaccine against the microbes of love, hatred, envy, have not yet been discovered, neither have the germs of ambition and chagrin been found. All these things are as violent poisons in the human tissue as microbes. Why not enforce a little moral hygiene on the public? Should not such a hygiene consist in a little less thinking of our precious selves, rather than in the hypo-tizing of diseases of the body and the disquietudes of the heart? In truth, what we should slay is our vile passions. Some diseases are not fatal if the soil they fall upon is resistant. What depressed conditions must those be that acknowledge their inferiority to all these miserable and inferior microbes that everywhere abound? The bowing of the human will, the tearing to tatters of our intelligence, caused by the cowardly care we give our own personality, all having their origin in the fool importance we give to this false microbial theory, even comparing a headache to a cancer!

The mania of looking out for one's self has caused more public inconvenience than good results. Beware of that doctor who proclaims a consumptive to be as a leper of old. He is one who wishes the care of consumptive patients, as a specialist.

He is, as a rule, a medical fraud of the first water. Physical activity and unselfish carelessness of self are the magnificent producers of energy and the best defense against all these imaginary germs that ever circulate around us. To fear the contagion of a disease is not the best protection against a malady. What is needed is strength. This is ever increased by actual contact. It is made up of the receptive faculty that fills us with the echoes of a generous life, with the gift of human sympathy that leads humanity to blend all its interests, renewing without sensation all its psychic changes that enrich the human blood and tonifies the nerves. That force is the sentiment of thinking of others as well as of ourselves. One-half the well earth can not afford to abandon the other sick half of this world on the ground that there is a contagion, as, for instance, in consumption, when every really wise doctor of medicine knows that consumption is non-contagious, but hereditary, in the largest number of cases. There is no alleged medical believer in the contagion of consumption, who would not take his wife and children into a consumptive hospital, and smile at the idea of danger, if the official salary was tempting enough. Such is the arrant humbuggery of the contagious school of doctors. Do they think they delude all the public by their philanthropic (?) efforts to establish consumption sanatoria at the expense of the state, a few public institutions to have a population that is 25 per cent. tuberculous through heredity?

There are in India fakirs who pass most of their time in contemplating their own navels, and are persuaded that their umbilicus is the center of the earth. What difference is there between such fakirs and those medical pretenders who only see their belly hole? True hygiene, mental as well as physical, is not engaged in gazing solely at its own microbial world; it perceives better and truer theories in the world beyond.

SCARLET FEVER.

By **C. L. Harrison, M. D., Bellevue, O.**

Scarlet fever is one of the diseases most frequently appearing in childhood and is considered as one of the "children's diseases," but it is by no means entirely found among the little folks.

All ages are susceptible to its ravages. It is an acute, contagious disease which runs a self-limited course, the abortion of which is beyond the power of medicine. The object of the physician is to smooth the uneven pathway of the unfortunate victim, relieve the suffering, remove the obstacles to the natural tendency to recovery, prevent complications when possible, cure them when they unavoidably arise and thus bring about favorable results.

The course of scarlet fever has been divided into four stages. The stage of incubation, from the reception within the body of the virus or germ of the disease, to the appearance of the first symptoms of illness, lasts from two to six days. The stage of invasion extends from the time of the first symptoms to the time of eruption and usually lasts about twelve to twenty-four hours. The stage of eruption continues for four to six days when it is followed by the stage of desquamation, which continues from three to six weeks.

During any of these stages, the disease is more or less contagious, and care should be exercised to prevent its spreading.

Scarlet fever, or scarlatina, has also been classified according to the degree of virulence into that of *scarlatina simplex*, in which the disease runs a mild, uncomplicated course; *scarlatina anginosa*, in which the symptoms are all more aggravated, and complications more frequently arise; *scarlatina maligna* in which the typhoid state develops and the complications are of a more serious nature.

Etiology.—The most frequent cause of scarlatina is contagion. That there are other causes seems evident from the fact that sporadic cases frequently develop, but even in these, many times, we can trace the infection to clothes worn by, or being in a room with a person having had the disease, and apparently impregnated with the virus in some form; probably the scales of desquamation.

Symptoms.—During the incubation, but few symptoms are noticeable in the first two varieties of scarlatina, but in the malignant form the victim will complain of feelings of depression, headache, anorexia, etc., for several days. The invasion is marked by chills of greater or less intensity, sometimes so mild as to be scarcely perceptible, but in some cases amounting to severe rigors, and in young children and infants convulsions may usher in the attack. This is followed by a rapid rise in the body temperature in the severe forms to 105° or 106° F.; in mild cases, perhaps not more than 101° F. At this time, an inspection of the throat will reveal a bright redness of the membranes of the pharynx and hard palate, which latter is often studded with red points slightly elevated.

Nausea and vomiting are now almost constant symptoms. The vomitus is frequently a clear mucus, or it may be a frothy watery liquid, or it may be tinged with bile, or largely composed of undigested food; usually the effort at emesis is very slight and the nausea often subsides rapidly after one or two thorough evacuations of the stomach, though it may continue for some time.

Now enters the stage of eruption, which brings with it the chief characteristic symptom, from which the disease takes its name,—the scarlet rash.

This first makes its appearance about the neck and chest, and rapidly spreads to all parts of the body. It may be de-

scribed as a very deep blush, the color being quite uniform on any local surface, but varying in different parts of the body. There are no elevations of the skin or blotches of red surrounded by skin of a normal color which helps to distinguish this eruption from that of measles or any other disease having skin lesions.

In mild cases the rash may be quite indistinct, but in all cases, pressure upon the surface with the finger will leave a white mark which remains several seconds and which may serve as a point in the diagnosis of obscure cases. The more severe cases will be marked by a deeper flush extending more generally or entirely over the cutaneous surface, while in the malignant varieties the color of the eruption will be a dusky red or almost a purple tint.

During this stage the skin is hot and dry; the tongue dry and coated or it may be a deep red color without much coating; the patient complains of thirst, weakness, sometimes of headache, and above all of an intense itching, most acute at the parts of most pronounced eruption.

After a few days, the rash begins to pale and gradually to disappear in the order of its appearance. Then follows the stage of desquamation. During this stage the epidermis or its external layers become dry, and small, scale-like portions become detached from the main body of the integument. These scales are so light that they are easily blown about by a slight breeze and as they contain the virus of the disease, all that it is possible to do should be done to confine them.

In light cases the desquamation may be so slight as to be hardly perceptible, while in severe forms it may amount to the detachment of strips of epidermis of considerable proportions. In such cases the cutis is revealed beneath the patches as a soft pink layer much like the skin of an infant.

Complications.—The most frequent complications of scarlatina are acute otitis media and nephritis. Sometimes the throat symptoms are so severe as to make this feature somewhat of a complication.

The otitis media is very similar in its course to the disease as it occurs without the presence of scarlatina.

It seems to be due to an extension of the inflammatory process from the throat to the ear. It may occur in one or both ears and may appear simultaneously with the acute stage of the disease or during the latter stage. It is usually followed by rupture of the tympanum and may result in a permanent impairment of the sense of hearing.

Nephritis with albuminuria appears in a considerable proportion of the cases of scarlatina of the severe types.

The usual symptoms of nephritis are present as scanty elimination of urine, edema of extremities and in some cases general anasarca. The face is often bloated, especially about the eyelids, and the skin presents a peculiar white appearance.

The throat may show a slight erythematous rash or it may be highly inflamed, accompanied by patches resembling those of diphtheria and it may even be affected by a gangrenous condition.

Other complications may be mentioned as rheumatism, heart affections, pneumonia and lymphangitis, though these complications are not very frequent.

Prognosis.—In simple cases without complications our prognosis may be favorable in the vast majority of instances.

In the anginose and malignant forms we must be guarded in our prognosis.

The diagnosis of scarlatina can be established by the vomiting, fever, sore throat and the characteristic eruption.

The post-mortem examination will reveal nothing of importance in simple cases. After the complications of pneumonia and nephritis we will find the local pathology peculiar to these diseases.

Prophylaxis.—It will be difficult to give close attention to the prevention of the spreading of this highly contagious disease.

Proper sanitation in this, as in all contagious diseases, is of great importance: all articles of furniture which may have become contaminated must be thoroughly renovated and rendered sterile by fumigation with formaldehyde; floors must be scrubbed; bedding, curtains, carpets, draperies, etc., should be washed and where practicable, boiled.

All cases must be isolated and placed under strict quarantine. The attending physician should exercise the same care in cases of scarlatina, that he would in attending smallpox or any other highly contagious disease. The free use of antiseptic solutions, changes of clothing, etc., will prevent much of the danger, if not all, of the disease extending from this source. To say the least, the physician will gain the confidence of outsiders and free himself from the liability to severe criticism on the part of the profession and the laity, by observing these precautions. Nurses and attendants should all be required to observe the same forms of prophylaxis as the attending physician when they depart from the apartments of the patient. The patient himself must be given a tepid bath once daily with soap and water, followed by the rubbing of the entire body with olive oil or other unguent during the stage of desquamation.

Treatment.—The treatment of scarlatina will be governed in each case by the symptomatology manifested in that case. Many of the simple cases will demand little or no treatment. Aconite and belladonna in the small dose may be all that is required. A little apis may be added in cases suffering from itching and burning of the skin, or a towel bath with a solution of sodium bicarbonate in water, about a teaspoonful to the pint, may be employed.

For the throat lesion, when annoying, we may administer phytolacca internally and prescribe a gargle of Seiler's anti-

septic solution, or a solution of potassium permanganate, enough of the latter being added to the water to produce a rich purple color.

The excretions should be kept active from the skin, kidneys and bowels by such remedies as may present themselves to the mind of the practitioner in each case, according to specific indications.

In *scarlatina anginosa*, we may find indications for some of the remedies employed in sepsis. *Baptisia* should be given in the case presenting the dusky colored eruption, tongue and mucous membranes. *Gelsemium* will be called for in some of these cases by the usual indications with nervous irritability.

Echafolta or *echinacea* should be employed when intestinal sepsis is present. If the intestinal condition is accompanied by diarrhœa of a typhoid type the various intestinal antiseptics will find a place in our treatment, as sodium sulphite, sodium sulpho carbolate, oil of turpentine, carbolic acid, creasate, guaiacol, etc., according to indications. The latter remedies, however, are more frequently found useful in the malignant form of the disease.

Lymphatic complication should be met with *phytolacca*, *iris*, or other active alterative, internally; while externally the glands may be painted with *sp. tr. iodine*, *sp. tr. phytolacca*, *sp. tr. veratrum*, or *stillingia* liniment.

If the glands show indications of suppuration a hot poultice of flaxseed, with about one-fourth of an equal amount of powdered charcoal, and a few drops of carbolic acid, will hasten the process. Incision at the proper time, with free drainage and treatment with cleansing and antiseptic solutions, will soon bring about favorable results.

When albuminuria develops we should freely administer the *sp. tr. apis mel.* with the alkaline diuretics, as lithium citrate, lithium carbonate, potassium acetate or sodium benzoate. These salts should be very largely diluted by copious draughts of water at the time of their administration. Iron, in some form, will play an important role in this complication. We prefer the ammoniated citrate to any of the other salts. The muriated tincture of iron should not be given with the alkaline diuretics. The vegetable diuretics, as *eryngium*, *buchu*, *juniper*, *couch grass*, *epigera uva ursi*, etc., may find a place in the treatment of this distressing symptom.

We believe that the *sp. tr. apis mel.* given continuously during the entire course of the disease will prevent, in many cases, the development of albuminuria.

During desquamation, the skin should be greased with olive oil and bathed with a solution of soda and water at least once daily to prevent the scattering abroad of the scaly epidermis, and thus causing more spreading of the disease.

Acute otitis media will require special attention when it develops. If there is evidence of suppuration without perforation

of the tympanum, it should be incised sufficiently to allow free drainage, after which the ear should be syringed with a fifty per cent. solution of Hydrogen-per-oxid followed by irrigation, with sterile water, several times daily. This treatment will prevent extension of the inflammatory process to the mastoid cells and to the cranial cavity, which elements of danger must not be forgotten in this condition.

Pneumonia, rheumatism, heart lesions and other complications must be treated as they ordinarily are when not occurring simultaneously with scarlet fever.

PNEUMONIA.

By T. D. Smith, M. D., Bremen, Ind.

As this is the time of year for pneumonia, I thought possibly my method of treatment, with which I have had most excellent results, might be of benefit.

It is needless for me to describe the different kinds of the disease or the different stages, because it is so common that it could hardly be confounded with other diseases. It is the treatment and care that is important.

In every journal we read of the wonderful cures with the aid of the many differently prepared earth poultices. In fact, to read the advertisements we would almost conclude that the "poultice" is all we would need.

From the nature of the disease they are, in most cases, a dangerous thing to use. The lungs have all they can do and the chest muscles have almost more than they can do to help expand the lungs without the added weight of an onion poultice or a half-inch poultice of Antiphlogistine or similar heavy earth poultice.

I have had most excellent results with the following as a local application:

R—Carbolic Acid, 97 per cent. $\frac{3}{5}$ vj
Olive Oil, q. s. $\frac{5}{5}$ iv

Shake well and apply to chest, using a cotton flannel cloth large enough to cover lungs and well down on sides. Moisten cloth thoroughly with the carbolized oil and cover with cotton batting, holding all in place with a binder.

This should be renewed every four hours until tightness is relieved and then less often as indicated. The odor will not be disagreeable to patient or friends after an hour or two.

For internal treatment I use Aconite, Veratrum, Bryonia, Ipecac, Lobelia, Macrotys and Sticta in such quantities or combinations as the symptoms demand.

The room should not be very warm, but the patient should be kept warm by the use of blankets and other suitable covering, with the addition of hot-water bottles, hot brick or other suit-

able dry heat. Good nursing is half the battle and whatever else you do, do not let "meddlesome friends" disturb the patient or your treatment.

In the treatment of pneumonia in children I use the compowder of Lobelia as a local application. If these simple local applications together with conservative medication were used more, the mortality rate for pneumonia would be much less.

In conclusion, we must not forget that to be successful with the treatment of any disease, and especially with pneumonia, we should always follow the good common sense of specific medication. Not a large quantity of drug, but the drug or drugs indicated.

WHEN SHOULD UTERINE FIBROIDS BE REMOVED?*

By O. C. Welbourn, M. D., Los Angeles, Cal.

Uterine fibroids, unlike some other diseases, can not be considered as a product of modern civilization. On the contrary, careful research and deductive reasoning must lead one to the conclusion that they not only existed many centuries ago, but were recognized by practitioners of those times. Whether their treatment was medicinal in some forms of the tumor, and surgical in others, we can not tell. We do know, however, that surgeons performed laparotomies several centuries before Christ, and we have reason to believe that the excision of uterine tumors was among their many accomplishments.

Small fibroids are difficult to recognize, and I have been surprised in doing laparotomies to find that a majority of cases past thirty-five years of age, have one or more. This is especially noticeable in retro-displacements of the uterus.

Formerly it was taught that profuse menorrhagia was pathognomonic of this disease. However, it has lately been shown that more than fifty per cent. never have menorrhagia at all. Therefore a diagnosis must be made from other symptoms. A uterine fibroid may be suspected in any woman past thirty years of age who is having persistent reflex disturbances, but a differential diagnosis is possible only by a careful bimanual examination of the pelvic organs. Should you have a patient with obscure and persistent complaints which refuse to stay cured, look for a uterine fibroid.

When I was a medical student, some fifteen years ago, I was taught that none but the foolhardy ever undertook to radically treat this disease. Electricity and various agents for injection were suggested as efficient placebos, and it was intimated that the patient might succumb to a severe attack of typhoid fever, or some other acute disease, before the growth of the tumor se-

* Read before the Los Angeles Eclectic Medical Society.

riously threatened life. "Verily the Lord giveth and the Lord taketh away."

By and by I had my first case of uterine fibroid. The patient was a married woman past forty years of age and in fair health. The tumor mass was about the size of a large orange, multilocular and not seriously adherent. In accordance with my teaching, I assured her that nothing was necessary, that nature would absorb it after the climacteric period. However, in less than a year she died from the usual pressure complications, and at a post-mortem I removed a fibrous mass as large as a uterus at full term and weighing twenty-six pounds. The unfortunate result, in this case, of pursuing nature's treatment, shook my faith in the efficacy of the non-interference plan.

Two or three years later I had another case. This one was complicated with pregnancy. The patient was about twenty-two years of age and physically strong. The tumor was not larger than a tangerine and apparently single. After a thorough research in both medical and surgical literature, I could not find that I was authorized to do anything but mitigate the symptoms as they arose, the most distressing of which was a persistent vomiting. The patient went to full term and was normally delivered of a healthy child, but died a few hours later from exhaustion, and nervous shock, incident to a knowledge of the existing tumor. My diagnosis being assailed, a post-mortem was held at which there was found a multilocular fibroid, as large as an infant's head at birth. Thus a threatened malpractice suit was obviated. After due reflection I concluded that the "let alone" treatment for uterine fibroids was not a success in my hands.

Becoming interested in electricity about this time, I treated ten or twelve cases with this agent in the manner that was then commonly accepted. In one case, a married woman of about twenty-five years of age, the tumor, which was single and as large as a small orange, disappeared in about eight months and has not returned after a lapse of six years.

In another case, a widow of fifty years of age, the tumor diminished considerably during the treatment, but slowly enlarged again so that in two years another course of treatment was necessary. This palliative treatment is still necessary periodically, and is quite satisfactory to the patient, inasmuch as other organic diseases make an operation impracticable.

To the best of my knowledge and belief not one of the other cases was benefited at once or at a later period. I therefore decided that the use of electricity was still far from satisfactory, though better than doing nothing.

Beginning to treat these cases surgically, I met with such gratifying results that for some years I have followed no other method. I am a firm believer in early interference. It is conceded that any perversion or pathological condition of the human economy should be corrected at the earliest possible moment,

and I consider uterine fibroids no exception to the rule. Do not wait until you have a large tumor half filling the abdomen and adherent on all sides, for then you have such grave complications of the vital organs that the patient is already in a critical condition. To operate under such circumstances is both tedious and difficult, sometimes impossible, and the mortality necessarily high. Instead, show wisdom by operating on your cases as soon as the tumor is recognized, for by so doing adhesions have usually not yet formed, and a fibroid, even though multiple, may be shelled out, leaving the uterus and its appendages in a perfectly functioning condition.

After having made a diagnosis of uterine fibroid, do not be so indolently complacent as to leave the poor woman to her fate and thus abuse the confidence that she reposes in you. If you have a favorite treatment, use it at once. If you intend to operate, do it at once, and please remember that there never was a fatality in operating for this disease which probably could not have been prevented had the operation been performed earlier.

THE SARCOMATA.

By W. B. Church, M. D., Cincinnati, O.

Progress of recent years in the differentiation and classification of morbid growths enables the surgeon to work more intelligently, and to prognosticate results with greater accuracy. When everything malignant was called cancer, and subjected to one line of treatment, results varied so greatly that no definite established proceeding was possible. The laity so often noting failure, and naturally more impressed with one failure than with many successes, came to look upon surgery itself with disfavor. Consequently, it often yet happens that a curable case, or a case in a curable stage, is led by advice of friends to postpone surgical treatment until it is too late to secure more than temporary relief.

This is true as regards the varieties of carcinoma, but more strikingly true of sarcomas.

The sarcomata occasionally, are fierce, rapidly-growing, monstrous destroyers, excessively malignant and hopeless. Fortunately, the most common type is much less formidable. It begins as a small elastic nodule, more or less circumscribed with an investing membrane, which seems to restrict its growth, and limit infiltration of the surrounding tissues. In many cases slow progress is made for a long time, and doubtless many are removed at this stage with no suspicion of their real nature; being regarded as simple benign tumors. When neglected the capsule may at length yield at some point, and the tumor suddenly take on a rapid growth. Such a change is often precipitated by a blow, or contact with some hard substance, such accidental bruising being afterwards considered the cause of the growth.

When this change occurs, either spontaneously, or from traumatism, there is increased tendency to migration of the tumor cells in the blood current, and formation of secondary tumors in different and often distant regions of the body. The cell proliferation causes rapid increase, and pressure upon surrounding parts. The tendency to ulceration and degeneration is much less than in carcinoma. The lymphatic glands, so early involved in carcinoma, usually escape infection in sarcoma. Recurrence after removal is usually at the same site, so that repeated removals may greatly prolong life when they do not effect a permanent cure.

This is exemplified especially in malignant tumors of the breast. Most such tumors are carcinomatous, the axillary glands being involved, and requiring removal with the tumor; but a considerable proportion are sarcomatous, in which case the glands may not be affected. This has been the cause of many unfortunate mistakes in diagnosis. It is a matter of so much importance that it may justify report of a case in illustration.

Something over twenty years ago Mrs. G., of Olivet, Mich., consulted the writer on account of a hard tumor in left breast, about the size of a lemon. Although there were no enlarged axillary glands, and little complaint of pain, the hardness of the growth, and all the circumstances connected with the history, made me suspicious. Without committing myself, I requested her to call again soon and to bring her husband. When they came my opinion was given that the tumor was malignant, and should be removed without delay. They seemed disposed to accept both the opinion and advice. Mr. G. remarking, "I have known a case where operation was put off too long, and I have often resolved that I would act promptly if such a case occurred in my family."

The matter seemed settled, and I was congratulating myself that, for once, I should have a chance to operate during the early stage. Just before leaving, they had been conferring together for a few moments, and Mr. G. said they had sometimes consulted Dr. H., of Kalamazoo, and thought they would return by way of Kalamazoo and get his opinion. I replied, "Dr. H. is one of the best surgeons in this State. I will give you a letter to him."

I accordingly wrote a note referring the case to him, stating the opinion and advice I had given, stating also that if he concurred he would doubtless urge that no delay be permitted. To my great regret, the doctor decided against me, said the growth was not malignant, and that he could cure it without any cutting.

The case was put in his hands, and notice sent me by mail next day. Just what treatment was instituted, I do not know; but two months later I heard that suppuration had occurred, just what the doctor expected, and now he was confident she would soon recover. What really transpired was quite differ-

ent. Rapid proliferation of cell growth soon produced an enormous mass. When he began treatment Mrs. G. was robust, and the picture of health; now she was greatly changed, and failing rapidly. A surgeon of national reputation was summoned from Detroit to Olivet, an operation was performed, but she died on the table. I afterward learned that Dr. H. based his diagnosis of non-malignancy, on the fact that the axillary glands were not enlarged. It is not possible to say absolutely what the result would have been if the early operation had been done, but surely it is reasonable to believe it would have had a better prognosis.

Some years later Mrs. L., wife of a tailor in Marshall, Mich., presented herself at my office, who also had a tumor of similar character and appearance in the right breast. It had occasioned little pain or inconvenience, and she would not have thought it worth while to consult a doctor, except for the fact that she had lost two sisters from cancer of the breast. She readily consented to removal of the tumor, and is still alive and well. As no expert examination of the tumor was made, of course this case carries little weight. "All's well that ends well," at least.

About 1882-3 in Marshall, Mr. C., a farmer, consulted me for what he called piles. He looked haggard, said it had become almost impossible to evacuate his bowels, and when they did move it nearly killed him. On examination I found a hard tumor in the walls of the rectum, which nearly occluded the passage. He was 71 years of age, and had besides, mitral insufficiency. When informed of the nature of his disease, and the fact that the only effective treatment was surgical, he requested an early operation, as he could no longer endure the pain. I requested him to consult another near-by surgeon, who did not coincide in the diagnosis, and who began to treat him on a different one. Two days thereafter I was called to visit the man, who said he was convinced I was right, and he wanted relief as soon as it could be had. It ended in an appointment for an operation the next day, he requesting me to bring the other surgeon, Dr. J., to give the anesthetic. We went together the next day, made all preparations, had the man on the table anesthetized, when Dr. J. weakened and withdrew; said he was satisfied the man would not survive the operation; he was an old man, his heart was bad, and on the whole, he wouldn't stand for it. We left the house before our patient fully recovered consciousness. When he did, and realized nothing had been done, he was greatly disappointed and dissatisfied. Two days later he called us again, said he could stand his suffering no longer, insisted on an operation, saying he would take all the risks and consequences himself. When we reached the critical point Dr. J. again withdrew, protesting that he was not willing to kill a man, even if he did request or demand it. Again the persistent sufferer renewed his request, sending his son after us the third time. Not willing to repeat the farce again, I gave the

son an opiate, with directions to give the old gentleman sufficient to enable him to go to Ann Arbor, for consultation at least, saying that doubtless Dr. J. would be willing to act on the sanction of Ann Arbor surgeons. The result was Mr. C. came in next morning requesting me to go with him to the university. On examination, Dr. Frothingham pronounced the growth a sarcoma, advised him to return and have the operation done at once, that no risk was too great when relief of some kind was imperative.

Reinforced by this opinion, Dr. J. stood by to the end. The rectum was dilated, the rectal sphincter divided until I could introduce my left hand; with a pair of curved scissors, I cut round and removed the growth in less than two minutes. It was in shape and size equal to a medium-sized tomato. Recovery was much like that after open operation for anal fistula; there was no recurrence; the patient enjoying eight years of comfortable life afterwards. Sarcoma occurs frequently in early life, but neither middle age nor old age is exempt.

Soft sarcoma of the upper maxillary is not uncommon; at least six such cases have come under my own observation. One of these submitted to an operation which was partially successful for a time apparently; but there was recurrence after a year, on which we were both too much discouraged to try again. I now think more might have been done and life further prolonged. One case far advanced, a Mr. E., was brought to me by his brother, a lumber merchant of Oakland, Cal., where I had a private sanitarium at the time. Operation was advised and accepted. The day was fixed upon and preliminary treatment begun; but injudicious friends interposed, as they sometimes will, and advised consultation with Dr. C. and other surgeons of Cooper College Hospital, of San Francisco. The result was that I was notified next day that they had decided to take the case there for operation. The brother informed me afterward, with some bitterness, that the patient died on the operating-table. From all I could learn it is probable that the immediate cause of death in this case was entrance of air into the open mouths of the severed veins, which are of unusual calibre in such cases, and always render operations hazardous, especially when the tumor is located in the face, neck or axilla.

As already stated, these six cases were of the soft medullary type, in which the connective tissue cells are abundant. In one case I recall, I had told the friends to feel perfectly free to call in any physician, or make any change at any time they saw fit. They acted on this so far as to call in a physician, who was so far misled by the soft, fluctuating character of the tumor, that he pronounced it an abscess which only needed lancing. On the principle that a drowning man catches at a straw, permission was given; but only blood followed the knife, with none of the promised relief. This man first came to my office to have a tooth extracted, an upper molar. I found the tooth sound, and de-

clined to remove it; he said he had recently had two teeth extracted with only temporary relief, and urged me to pull another. I thereupon examined the jaw carefully and expressed some fears as to the serious nature of the trouble. He was a strong man in middle life, but the tumor was extremely malignant, and made such rapid progress that in the short time of six months he expired.

As sarcomas are formed of connective tissue cells, they are found wherever these cells are, in muscular fascia, periosteum, visceral cellular tissue. Many stomach tumors are sarcomatous, and these are often amenable to surgical treatment in the early stages. They sometimes reach a large bulk, and cause pyloric stenosis with great dilatation of the stomach.

I once made an exploratory incision to determine the nature of a hard tumor in the abdomen, situated in the median line, midway between the pubes and the umbilicus. I found a solid sarcoma, large as a man's fist, imbedded in the anterior wall of the stomach. Its weight had dragged that viscus to the lower abdomen, and had contributed also to the obstruction of the pylorus and extreme dilatation.

The course of this case was chronic, finally terminating in death from exhaustion. The gastric variety is usually acute, and when situated at the pyloric extremity may, by its rapid development, and pressure on sensitive parts, produce excruciating pain. Complete anorexia and constant distressing nausea combine to make the patient's condition heart-rending to behold.

The course is much more rapid than that of gastric carcinoma, which often remains quiescent for long periods, a year or even more. The average duration of life in gastric sarcoma is less than a year. Operation should therefore be made as soon as the tumor can be palpated. In a young person a palpable tumor of the stomach may be regarded as sarcomatous.

Further consideration of this subject may appear in a later number of the Journal.

SETON HOSPITAL REPORTS.

PROF. L. E. RUSSELL, SURGEON.

CASE 78.—Hernia, a term derived from the Greek which signifies a branching or giving off. In surgical parlance it is used to express the same as rupture, which means a protrusion of any of the viscera beyond its parietes or from its normal cavity. This term, then, is broad enough to include hernia of the brain, hernia of the thoracic viscera, as well as hernia of the abdominal cavity. Surgically speaking, we name the different kinds of hernia according to the tissues involved. For instance, if the protrusion is at the umbilicus, it is spoken of as umbilical; if at the inguinal ring, it is called inguinal hernia; and if at the

femoral, femoral hernia. Again, we make a division: if thoroughly protruding, we call it complete hernia; if only slightly protruding, incomplete. And again, conditions give a division in which we speak of hernia as reducible or irreducible; and a condition in which the hernia becomes strangulated, demanding immediate surgical attention, whether reducible or irreducible. If the sac has become adherent in the tissue surrounding the ring, and the intestine become incarcerated within this sac and strangulated, it is the duty of the surgeon to release this incarceration with as little violence to the intestinal tissues as possible.

In the case before us to-day, Mrs. M. J., aged thirty-five, has passed under the observation of quite a number of physicians, with varying ideas in regard to a diagnosis of her lesion. One physician of eminence made a diagnosis of ovarian cyst, as the patient remembers his explanation as a water tumor.

We have here a greatly enlarged abdomen much protruding, though the rotundity of the outline seems perfectly regular. How shall we make a diagnosis in this case? First by inspection. While the patient is under the impress of the chloroform, and the abdominal walls are freely exposed, we eliminate a condition spoken of by the early gynecologists as a "phantom tumor." So far as inspection is concerned, in this case it reveals to us nothing but an enormous abdomen.

The next step in the diagnosis must be by percussion. Now you will notice while I place one hand in the flank and tap on the opposite abdominal wall, there travels across the whole abdomen a wave, in general appearance like a wave of water; yet there is no impress given to the finger tips held on the opposite side. I therefore know that this wave is an illusion; or, rather, it is the wave of the excessive adipose tissue. And thus far percussion gives no result in regard to our diagnosis.

Our next step in dealing with the case is by palpation. And in doing this the parts underneath must be touched carefully with the finger tips, and no violence used, only a sufficient pressure to assure us that we are touching the normal intra-abdominal tissues. If there were a solid mass here, we should then carry our examination still more deeply, to ascertain as far as possible the size and shape; but palpation thus far has revealed no strange condition.

We now attempt another means, designated as succussion, a general shaking of the abdominal walls for the purpose of turning the tumor mass, if such it should prove to be, out of its bed; and by change in the position of the patient, we should be enabled to arrive at some conclusion in regard to the abnormal tissue.

Thus far every means of physical diagnosis has given us negative results. We now resort to a bi-manual examination of the pelvic viscera. But in this case of excessive and hardened adipose tissue, very little knowledge can be obtained by this method

of examination, as the finger tips are at least four inches apart on account of the thickened abdominal walls.

This now brings us to an examination of the case in a more practical way; and one, I believe, undescribed by any of the authors in physical diagnosis. It is a method that after years of experience I have always found truthful and satisfactory. We grasp the lower part of this excessive abdominal wall between the thumb and fingers, and by closing the hand and lifting upwards, we roll up and mass all this excessive abdominal tissue. The lower part is now placed in the hands of an assistant; and with my arms lying on either side of the abdomen, I push upward and grasp the central and upper part of this thick abdominal wall, and lift it firmly upward; and by so doing we see that if this mass could be removed at once, there would remain only a normal abdominal contour, revealing no tumor mass or growth within the abdominal cavity. This method of exclusion of the excessive abdominal parietal walls is perhaps the most decisive way to arrive at a differential diagnosis.

I find here in the central portion an umbilical hernia, with incarcerated omentum; and I shall therefore make an elliptical incision, cutting out completely the umbilicus. It would be impossible to close the umbilical ring permanently, except you convert it into an elliptical incision. I make my deep incision to the left of the umbilicus; because in the right I should encounter veins and conditions, a remnant of fetal life. My incision to the left of the umbilicus has now extended downward to the fascia of the recti-muscles. I now make the incision in the right of the umbilicus, taking care not to cut through into the abdominal cavity, or into the dissection which these hernias sometimes make in the shape of sulci beyond the apparent field of invasion. My incision has now completely encircled the umbilicus; and with hemostats we grasp the superior and inferior margin of the umbilical elliptical incision; lifting it upward and carrying the dissection on the right downward to the fascia of the recti-abdominal muscles.

We have now completed the dissection of the umbilicus; and the next step will be to split open the umbilical mass, and see if we have incarcerated within its folds intestine or omentum. Now then, in our incision of one and a half inches wide, we find omental tissue incarcerated and fastened by adhesions. We now speak of this hernia as an umbilical-omental hernia. We shall pinch the omentum loose, and drop it back through the umbilical ring; and then cut away the whole top of the umbilicus, with the mass of adipose tissue; thus preventing, in a measure, the possibilities of infection from the umbilical tissue. Either lateral wall will be held with hemostats; and then after inserting a piece of moistened gauze through the ring, we place the finger downward into the abdomen, flexing it against the intro-abdominal wall; and with a knife cut down upon the finger, splitting the umbilical ring in halves, making the incision in the superior part of the ring first, and then

turning the hand and fingers, we make a very liberal incision downward from the ring, perhaps an inch and a half, in the median line.

We are now ready to close the hernial opening. In this case we shall close first with strong silk suture, introduced by the over and over method, for the purpose of constricting the blood vessels along the right side and half of the umbilicus. This suturing we shall reinforce with heavy silver wire, introduced after the manner of the over and over suture leaving the ends of the wire long enough so that the suturing can be returned; making a double over and over suture back to the place of beginning, and then twisting the two ends of the wire upon themselves, and turning the end over and burying it so that it may become encysted without the danger of cutting out. The abdominal cavity is now completely closed, and the umbilical ring obliterated; but we have here some four or five inches of excessive adipose tissue, whose edges must be approximated and held firmly. In order to do this, we shall commence at the bottom of the wound, suturing over and over, backward and forward, approximating the adipose tissue, until we arrive at the top of the wound, or to within one-fourth of an inch of the external abdominal surface.

We now wash freely the tissues surrounding this wound with sterilized hot water, and again with alcohol, close up to the margin of the incision. The outer tunic will be closed with silkworm gut, either intra-dermically, or by another method of deep over and over suturing, from superior to inferior angle of the abdominal incision. The wound will be dusted with iodoform crystals; after which iodoform gauze with collodion covers and seals the wound until recovery has taken place. These wounds are never undressed until the tenth to the fourteenth day; and the experience at the hospital so far has been, not a single drop of pus is seen, even in very extensive incised wounds.

CASE 79.—Miss J., aged thirty-five, referred to the clinic by Dr. Bowles, of Harrison, Ohio, has for the last year complained of a nodule in the left mamma, which has extended, involving over one-half of the breast, with invasion of the glands in the axilla. For the past four months the patient has been receiving X-ray treatments three times a week, by the hands of a would-be expert; and not unlike Peter's wife's mother, grew rather worse instead of better. She therefore decided to come before the clinic to have the breast removed.

It is my custom in all amputations of the breast, to do a radical operation; by which I mean that our incision should be made from away below the inferior margin of the mamma, extending in an elliptical manner along the thoracic wall, with the superior line of the incision along the edge of the pectoralis major, and up over the axillary space, and well down upon the arm. This, then, will give ample room to reflect backward the outer tunic, including the fascia of the pectoralis major, and

at those parts where there seem to be adhesions a complete removal of the strands of the pectoralis major muscles thus affected. The dissection is pushed upward into the axilla, removing all the cushion of fat, with glands affected or unaffected; and in those cases where there has been much delay, the glands are always engorged around the blood vessels. Our dissection and removal of the breast, according to the latest improved method, removes at one "fell swoop" every particle of diseased tissue that can possibly be found and secured.

We now make an incision at the most dependent portion of this wound, and through it we pass one yard of iodoform gauze, in the axilla and along the line of the pectoralis muscle, down to the lower part of the traumatic tissue. This gauze is allowed to remain in from twenty-four to thirty-six hours, when it is gradually pulled out without disturbing the incised wound. The long incised wound is now sutured by the over and over silk-worm gut suture, as it measures exactly eighteen inches in length.

It is my opinion that if any good is ever to be accomplished with the X-ray in carcinoma, it will be found most advantageous if properly applied following a removal of the malignant lesion, as extensively dissected as in this case. We shall therefore subject the patient to the X-ray within the next two weeks, at which time all the sutures will be removed, and the patient allowed to return home.

Note.—The patient made a very speedy recovery, the entire wound healing without a drop of pus. The sutures were removed; the patient was given an X-ray treatment before the class, and permitted to go home at the expiration of fourteen days from the time of the amputation.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

FOLLICULAR PHARYNGITIS.

Synonyms.—Clergyman's sore throat; dysphonia clericorum; folliculous pharyngitis; granular pharyngitis.

In this disease, the glands of the mucous membrane are especially affected. The secretion is changed in character, and in the advanced stages of the disease is very scanty, tenacious and irritative. Irritation of the pharynx, often a sharp, hacking cough, and always a change in the voice, which varies from a slight hoarseness to complete aphonia. The appearance of the pharyngeal tissue is characteristic, there is a varying amount of congestion and numerous elevations of a reddish or yellowish color. These vary in size from a pin-head to a split pea, and may be discrete or coalesce. This uneven condition is caused by the inflamed and distended glands. When the secretion has

been exuded, whitish or yellowish flakes of thick, whitish or yellowish material will be found adhering to the elevations.

Etiology.—Predisposing Causes.—Any condition which may cause a chronic inflammation of the respiratory mucous membrane may be a factor. The disease is seen more frequently in the young and middle-aged than in old age, and in men more than in women. Any diathesis or condition which lowers the resisting powers of the individual may have a predisposing influence. Climatic conditions are important, as those subjected to a smoke-laden atmosphere will be more susceptible than those living in a clear atmosphere. Whether the use of tobacco is a prophylactic or not is a question, but it certainly is not a remedial agent in this disease.

Occupation is an undoubted predisposing factor, as those who use the voice considerably are more liable to the disease; clergymen, auctioneers, lawyers, etc., are especially liable to follicular pharyngitis. Actors and singers who have had proper vocal instructions are not often afflicted, but otherwise the disease is not infrequent.

Follicular pharyngitis is really only a type of simple chronic pharyngitis, and besides the causes already given, it may follow frequent attacks of acute pharyngitis, or a neglected, severe, prolonged attack.

Exciting Causes.—Improper use of the voice in any way, especially in the effort of loud or high-keyed tones. Faulty vocalization is probably one of the most frequent causes. This defect, when associated with impure air, either as a result of suspended material or lack of the proper amount of oxygen, unquestionably has an influence in causing the disease. It is supposed that the ingestion of pungent condiments, through their influence on the glands, may also be an exciting cause. Many cases, however, will be seen where no cause can be ascribed, and some, at least, are those having a marked tendency to glandular involvement.

Pathology.—As regards the mucous membrane, the pathology is similar to that of a simple chronic catarrhal inflammation. The glandular structures, however, are affected particularly. Through overstimulation the function of the glands is exhausted, the glands and surrounding tissue become inflamed. This practically results in encysted foreign bodies in the membrane, which are a source of constant annoyance. Inspection will reveal the morbid membrane studded with more or less reddish or yellowish elevations. The swelling may be partly due to inflammation of the tissue surrounding the glands and partly to distention of the glands themselves through obstruction of their orifices. If rupture of the glands has occurred, there will be found a thick, pasty, cheesy, foul, light-colored material covering the site of the glands. This is termed the exudative form. The microscopic appearances in the periglandular tissue are the same as present in ordinary inflammation. The openings of the glands are closed by inflammatory swelling, impacted cell

masses, or inspissated secretion. The lumen of the glands or their ducts are enlarged, the lining epithelium swollen, and the cells show fatty degeneration. Calcareous deposits are sometimes present in the retained glandular secretion. Adhesion of the pillars of the fauces to the tonsils is a frequent complication.

Symptoms.—Usually there are repeated attacks of acute pharyngitis or a chronic inflammatory condition. The disease is usually insidious. A not infrequent premonitory symptom, is the excessive secretion of mucus or mucoid fluid on attempting to use the voice, the mouth being filled with the secretion. This action of the glands soon disappears, and the glandular involvement becomes apparent. The glands become inflamed and the secretion is diminished in quantity. A dry or parched feeling is complained of, and there is a sensation of irritation in the throat, particularly after trying to use the voice. This is usually transient at first, but becomes more severe and of longer duration with each recurrence.

The discomfort in the throat finally becomes permanent. The voice becomes hoarse, muffled, or even only a whisper, and sometimes even complete aphonia occurs, depending upon the severity of the disease and the effort made to use the voice. The pharyngeal tissues become "tired," and occasionally painful in trying to talk even in ordinary conversation. If there is much soreness of the tissue, speech may be hesitating and slow. The pain is usually of a burning, pricking or stinging character. It may be a dull aching or bruised sensation, and deglutition often increases any of the symptoms.

The secretion is not unlike that of a simple chronic pharyngitis. Cough is usually a troublesome symptom, and is generally sharp and metallic, and may be constant or in paroxysms. This causes increased soreness of the pharyngeal tissues. The uvula is often relaxed and increases the discomfort of the patient as well as increases the cough. Through extension of the disease, the olfactory and auditory senses may be impaired. Disturbances of the alimentary canal are not infrequent, and this complication will aid in the general depression sometimes found.

Inspection reveals the characteristic appearance of the pharyngeal tissues. The elevations of a reddish or yellowish color and varying in size. These may be few or numerous, discrete or coalesce. A very frequent condition associated with this disease is a band-like thickening behind the posterior pillars of the fauces, or even adherent to the pillars, interfering with the action of these muscles. This constitutes the condition called *pharyngitis hypertrophica lateralis*. Depending upon the stage of the disease will be found irregular masses of cheesy material covering the follicles. Between the follicles will be dilated blood-vessels. More or less congestion of the entire pharyngeal membrane is usually present. In advanced cases, the tissues may all present a relaxed appearance, the uvula and velum often being flabby looking, and even the base of the tongue expressionless.

Diagnosis.—Usually easy.

Prognosis.—Good in the majority of cases, provided the tissues are not overworked, and the patient will persist in the treatment.

PERISCOPE.

THE PRESENT PROBLEM OF PEDIATRICS.

From the address on this topic, delivered by Prof. Theodor Escherich, of Vienna, before the Congress of Arts and Sciences, at St. Louis, September 21, 1904, we glean the following:

The reason for the manifold differences in the development and course of disease is based upon the difference in the organization of the growing body from that of one already developed. The following three laws of growth can be expounded:

1. Growth in cell multiplication leading to the development of the body is a function of vegetative life, especially in the younger generation of primordial cells. The growth steadily diminishes from the beginning of the development in the primordial cell; at first rapid, then less rapid in intensity.

2. The curve of the functional activity of the organs proceeds in inverted order and rises still higher when the histological development of the organs is completed. To the same degree the resistance of the organism increases and accordingly the mortality diminishes toward the end of childhood. The unnaturally high mortality of the first year, in spite of the high vital potentiality, is explained by the retarded development and the functional weakness of organs necessary for the continuance and protection of life.

3. The development of the individual organs does not proceed continuously, but rather at different periods and at times rapidly and in a rotation which depends upon their greater or lesser importance in the foundation of life. Infancy is, therefore, divided into a number of periods of growth which are characterized physiologically by the growth of especial organs. In each of these periods special needs and necessities arise as a result of the backwardness of individual functions.

These conditions, together with the character of the body which varies with the age, make clear that certain diseases exclusively and others with especial frequency are observed at each of these periods, so that there is a morbid physiognomy for each period.

I. INFANCY: INFANTS.

1. Period of the New-born.—(First week) characterized by passage from intra to extra-uterine life and the retrogression of the fetal organs. Hyperæmia and desquamation of the cuticle.

Pathology.—Malformation, fetal and inherited diseases (lues), tumors, birth injuries (fractures, lacerations, hemorrhages, injuries to the skull), abnormalities in the retrogression of the

fetal vessels (diseases of the navel), in the vegetative functions, icterus, irritation and lesions of the skin and mucous membranes, thereby favoring a bacterial invasion of the body which still lacks its protecting bodies (alexines), local and general sepsis, gonorrhoeal infection.

2. Period of Nursing.—(First year) characterized by the necessity of exclusive milk diet due to the functional weakness of the digestive tract, marked consumption of food and great increase of body weight (three times the birth weight), rapid development of the brain; all other functions not so prominent.

Pathology.—Changes, as a result of failure in nutrition either in the intervals of feeding or quantity of food; relative or absolute insufficiency of digestion for nourishment, especially the artificial; irritation of the intestinal tract by bacterial fermentative products, or through invasion of the intestinal wall, producing chronic intoxications and atrophy.

The rapid growth of the brain is occasionally accompanied by hyperirritability of the nervous system (tetany), eclampsia and hydrocephalus; at the same time sensitiveness of the skin and mucous membrane (respiratory tract) and the tendency to pyogenic diseases of every kind, whereas the specific infectious diseases occur relatively seldom.

3. Period of Milk Teeth.—(Two to five years) characterized by rapid growth and development of the bony framework, appearance of the milk teeth, the learning of walking and of speech.

Pathology.—Changes in the process of ossification with their results (appearing even in the first year) from rickets, curvature of the thorax and extremities, broncho-pneumonia, etc. At the same time other dyscrasias also occur, status lymphaticus, scrofula, anemic conditions.

The creeping of the child on dirty floors and the habit of sticking everything in its mouth produce, together with the lack of cleanliness, the so-called filth infections, numerous mouth and throat diseases, contagious affections of the skin and mucous membranes, diphtheria, whooping-cough, helminthiasis, tuberculous invasion of the upper respiratory and digestive tracts and the associated tuberculosis of the lymph nodes, especially of the bronchial nodes. From these latter the hilus phthisis, the form peculiar to this period takes its origin. Frequent occurrence of local and miliary tuberculosis, defects of intelligence recognized by absence of or delayed speech, severe lesions of the brain, as idiocy or epilepsy appear, especial frequency of acute poliomyelitis.

II. BOYHOOD: PUERITIA.

(Sixth year to puberty) characterized by the marked development and exercise of the muscular system, increase of all functional life with slowly increasing growth of the body, passage of the child from family to social life (school), beginning differentiation of the sexes.

Pathology.—The entrance of school life brings with it inju-

rious influences, as scoliosis, myopia, nervous disorders of different kinds and the numerous contact infections, of which the most important are the acute exanthemata with their complications (nephritis, myocarditis).

The irrepressible desire for movement is the cause of traumata, possibly, also, of the now frequently occurring appendicitis. Tuberculosis, and especially that of the nodes, is less frequent and approaches the character found in adults. On the other hand, there appears a new and dangerous infectious disease—acute articular rheumatism with endocarditis and chorea.

III. PUBERTY.

In boys from sixteen years. In girls (Germanic sigem) from thirteen years. In the latter the occurrence of menstruation, awakening of sexual feeling and development of the secondary sexual characteristics.

Pathology.—At puberty there occur frequently in girls characteristic pathological conditions, chlorosis, hysteria, psychosis, cardiac diseases. Otherwise the morbid conditions pass into those of adults.

The therapy must also be suited to these periods of development which require marked and important differences for each in the practical application of drugs as well as physical methods of treatment. The striking difference in comparison with the treatment of adults lies in the great importance and application of individual prophylaxis which in young children depends upon the nutrition, and should be overseen by the physician himself. Especially is this true for the first period of growth, when the protection of the new-born from external, injurious influences, the avoidance of infections and method of nourishment are especially difficult questions. In no other way can the great mortality of infancy at this period be lessened. The further theoretical and practical application of this special care, the limitation of disease, the greatest possible development of the resistive power, and the child's physical development are the ideals which we must now look forward to in pediatrics.—*Archives of Pediatrics*, Nov., 1904.

CHELIDONIUM MAJUS.

Among the valuable and interesting remedies cultivated in our own country there are a large number that have not been brought before the profession as a whole. One of these is chelidonium majus. This is known as garden celandine, and has been in common use among the Eclectic physicians for many years. They have established an exact place for it in therapeutics which no other remedy will perfectly fill. It is a remedy for those conditions accompanied with fully developed abdominal plethora, and where there is inefficient functional glandular action of the gastro-intestinal tract, with imperfect circulation within the organs, glands or tissues of the abdomen. Its most apparent action is directly upon the spleen, liver and pancreatic

glands. It stimulates the chylopoietic system and influences favorably all organs supplied by the solar plexus of the great sympathetic.

It causes the liver to secrete thinner and more profuse bile, and is useful in promoting the expulsion of gall stones. It is valuable in simple biliousness, in general hepatic congestion, in acute or sub-acute inflammation of the liver, or where jaundice is due to catarrhal conditions, or swelling of the coats of the bile ducts. It is also valuable where dropsy is due to liver troubles, and it will relieve supra-orbital headache and neuralgia, when these conditions are dependent upon liver troubles. To be specifically exact, the remedy is indicated when there is pain under the angle of the right shoulder blade, especially if accompanied with enlargement of the liver, with elevation of the temperature, chilliness, jaundice, a yellow-coated tongue, a bitter taste in the mouth and a craving for acids. It is also specific in enlargement of the spleen, whether of an acute or chronic character. It relieves splenic congestion, thus reducing the enlargement. In acute cases with chill and fever, belladonna will facilitate its action.

When there is full tensive or throbbing pain in the right hypochondrium, where the tongue is pallid and enlarged, the membranes of the mouth pale, the skin sallow, full and occasionally tinged greenish yellow, as in chlorosis, with clay-colored feces and high-colored urine, the remedy is indicated. It acts well upon the pancreatic glands and will relieve congestion or enlargement in these organs.

Another class of cases which is quite common, in which the remedy acts nicely, is that in which, as a result of defective portal circulation, there is slow pulse, irregular heart action with palpitation, dull pain and aching in the limbs and muscles, a feeling of weight with stiffness and swelling of the hands, limbs and feet, with cold extremities. There is a dull aching in the head, with perhaps vertigo, weariness, general inactivity and nervous irritability. The bowels are irregular in their action. There may be constipation, with sudden attacks of looseness of the bowels, with colicky pains.

Another train of symptoms is the following, which includes some of the symptoms already named: Fullness in the stomach and bowels, either alone or in conjunction with dull pain in the right side and pain under the right shoulder blade; gastric and intestinal flatulency; deficient action of the kidneys, with dull dragging pain in the back; constipation with metallic or bitter taste in the mouth on rising in the morning; despondency and general feeling of melancholy or foreboding. The agent may be administered to excellent advantage with Fowler's solution of arsenic in small doses, in some cases; in others, with iron, podophyllum, iritis, leptandra, chionanthus or lycopus. It must be used for the exact indications named to be fully appreciated.—*F. Ellingwood, M. D., in Los Angeles Journal of Eclectic Medicine.*

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NEW YEAR'S GREETING—RETROSPECTIVE.

Christmas has come, Christmas has gone; New Year, 1905, approaches. May it be to all our readers happy and prosperous throughout.

THE ECLECTIC MEDICAL JOURNAL is now entering its sixty-fifth volume, a goodly age is that marked by good deeds, and we may be pardoned if we cast a retrospective glance and briefly enumerate some of the things accomplished by it in the past, for the good of Eclecticism.

THE JOURNAL was originated in January, 1836, and titled the *Western Medical Reformer*. It was edited and published by the faculty of Worthington College, Worthington, Ohio, under the direction of T. V. Morrow, M.D. The following being a portion of the first editorial:

"In presenting to the public the prospectus of a new journal, it becomes the duty of the editor to give a fair and candid statement of our motives, etc. It is now proposed to establish a journal in which the prevailing doctrines and practice of physic and surgery shall be freely and fearlessly discussed, examined and illustrated, their deleterious consequences pointed out, and contrasted with the utility of that system of practice which has been found by long and extensive experience to be much superior."

During the first decade the leading contributors were T. V. Morrow, J. R. Paddock, L. E. and I. G. Jones, A. H. Baldrige, Hiram Cox and W. Beach.

The *Reformer* for January, 1846, said:

"This journal will, at all times, advocate the means best calculated, in the opinion of its conductors, to effect a permanent and salutary reform in the condition of the healing art. We are truly grateful to our friends for the interest they have taken in advancing our journal."

The next decade records the entrance of some of the strongest men in our ranks of those days, Joseph Rodes Buchanan, John King and Robert S. Newton.

The initial appearance in Cincinnati was August, 1847, under the name of the *Reformer and Eclectic Journal*. Shortly after, the word "Reformer" was discontinued; the present name, THE ECLECTIC MEDICAL JOURNAL, being substituted.

From 1850 to 1856 it was ably edited by Buchanan and Newton, assisted by Powell, Sanders, Coe, Bickley and Z. Freeman. In 1856 Newton assumed editorial charge.

From the January, 1860, number, we extract as follows:

"We have made fair promises to our readers, and intend to adhere to them. Our JOURNAL is now in a healthy condition, and if our subscribers sustain it promptly, it will be our pride to make it so instructive and entertaining that they will welcome it at the beginning of every month as a pleasing and interesting companion and counsellor. With this determination, we once more extend our greetings and a happy new year to our friends, and spread our sail upon the troubled sea of editorial life."

In 1861, John M. Scudder and C. T. Hart assisted editorially. In January, 1862, J. M. Scudder assumed complete charge of the JOURNAL. The following being taken from his editorial:

"With this number we commence the twenty-first volume of THE ECLECTIC MEDICAL JOURNAL. Its origin dates back to the infancy of Eclecticism, when its friends were few and comparatively powerless, and the whole moral force of regular medicine, ancient, learned, wealthy, and well organized as it was, was brought to bear to check this so-called dangerous *heresy*. It has, through twenty years, lived the uncompromising advocate of liberal medicine, and in this time has seen the most radical reformation that perhaps ever occurred in the same period of time. Not only have we now a large and intelligent body of Eclectic physicians in this country, numbering some five or six thousand, but our old-school brethren have likewise discovered that there was room for progress in medicine, and have so changed their principles and treatment in the last quarter of a century, that they themselves would be considered reprobates by the fathers of five and twenty years ago. Whilst we congratulate ourselves with the present progress of medicine, we must not forget that there is work to do; medicine is not yet perfect—probably it never will be, but it may be still further developed."

Dr. Scudder conducted the JOURNAL in his usual forcible style until 1894, building up during that period the well-known doctrines of specific medication, its incipency being 1870. In later years he was ably assisted both editorially and otherwise by that great surgeon and versatile scholar, A. J. Howe.

Since 1894 the JOURNAL has been under the management of the writer, ably assisted by the members of the faculty of the Eclectic Medical Institute, whose editorial and other contributions are ever welcome to our patrons and contributors.

And now a word for the future. The prospect before the JOURNAL is bright, the subscribers are satisfied, the expressions that come from one and all are more than encouraging. They expect much for the year to come, and yet not more than will be received.

The corps of editorial contributors is too well known to need mention other than that editorially the JOURNAL will present from them a series of articles equal in usefulness to any that have passed. Concerning the body of the journal, as heretofore, that must rest with the general contributors, a responsibility that it may be safely said will be well cared for. And whilst on this theme, we wish to impress that we value most highly the papers of contributors whose practice forms the foundation of their statements. The standing and the progress of Eclecticism depend on the contributions of the physicians practicing Eclectic medicine. Let us say in all earnestness, whoever of the old Institute has a case to report owes it to his professional brethren to send it to THE ECLECTIC MEDICAL JOURNAL.

SCUDDER.

AFFECTIONS OF THE NEWLY BORN.

III.—INTRA-PARTUM ACCIDENTS.

Of the various accidents to which the child is liable during parturition, in addition to those recently mentioned to the skull, are injuries to the brain. These in a majority of cases are dependent on a retarded or difficult labor, owing to some obstruction to the ready exit of the head. The trouble may often be attributed to a prolonged and uninterrupted second stage attended by impaction; again to defective position, want of normal flexion; while in other cases the delay may be due to a disproportion between the head and pelvic outlet, faulty mechanism, as well as a tardy delivery of the after-coming head in presentations of the breech. Such cases as a rule will necessitate instrumental interference, consequently a majority of the traumatic lesions of the brain will be observed in forceps deliveries.

The trouble in these cases will depend on the extent and degree of compression; where moderate and not extensive, no more serious results to the brain may follow than a profound asphyxia, from which the child usually rallies soon after birth if the ordinary means of resuscitation are applied. Very much more alarming, however, are the results where, from excessive compression or faulty use of the forceps, there occurs an intracranial hemorrhage. The extent and location of the hemorrhage will be in proportion to the pressure and injury to the brain; thus it may be comparatively slight, not reaching beyond the superficial structure, involving the meningeal vessels, from which there will result a meningeal apoplexy; if the deeper parts are affected and blood extravasated in the substance of the brain, cerebral apoplexy will follow.

It is generally conceded that hemorrhage may occur in any part of the brain; that it may be epidural, subdural, within the meninges, or in the brain substance itself. The amount of blood extravasated, and its effects, varies materially in different cases. Meningeal hemorrhage is of greater frequency than the cerebral, and somewhere about the base of the brain the most likely location. The symptoms at birth of intrapartum apoplexy will depend on the location of the effused blood as well as the quantity. According to Edgars' description, the infant is born apparently dead, resuscitation is gradual and difficult, the cry is feeble, the eyes are motionless, and the extremities are limp and flaccid. The face is livid or pallid, and the respirations are gasping. The eyes are often congested or blood-shot, and a general appearance of cyanosis obtains. There is frequently paralysis of the face, and in some cases of the arms and legs as well; the extent and degree of which will depend on the size and location of the blood clots and the amount of intracranial pressure. Atrophy and drawing of the muscles frequently follow, where the paralysis is permanent. Convulsions are not uncommon, and they often continue to recur as the child grows older. No doubt many of the cases of epilepsy noticed on every hand, among half-grown as well as matured subjects, in which no cause can be assigned, may frequently be traced to a difficult or forceps delivery, in which there was a probable hemorrhage in the brain.

Recovery usually follows where the amount of blood extravasated is not extensive, a gradual absorption relieving the trouble. Where the hemorrhage is considerable, however, the result is usually fatal. In view of the danger and consequences attending a prolonged labor, impaction, or retarded advancement, the treatment should be largely preventive. The delivery, therefore, should be completed as hastily as consistent with safety. The timely and judicious use of forceps may frequently save the child from this accident, for which a difficult and delayed second stage is in a majority of cases responsible. But little benefit is to be derived from any subsequent treatment. Time and careful nursing, together with attention to special symptoms that may be noted in individual cases, is about all that can be done.

Partial facial paralysis may likewise be occasionally encountered. This, as generally observed, results from compression of some of the branches of the facial nerve. It may follow immediately after delivery, or not become apparent for two or three days. It is nearly always unilateral, and may be readily recognized by the open eye of the affected side during sleep: while, when the child cries the mouth is drawn to the opposite side, the muscles contract, those of the affected area remaining inactive, with that side of the face smooth. The tendency in these cases is to spontaneous recovery within a few days or a week or two. Permanent paralysis, however, occasionally follows in the exceptional case. Benefit may be usually derived

from careful massage; also, if recovery is delayed or retarded, faradic electricity may be used, and if improvement is not perceptible within a reasonable time the galvanic current may be substituted. Paralysis of the arms or extremities, as an intrapartum accident, is rarely encountered. Cases reported have usually been associated with fracture or dislocation. The care and treatment of such cases would be similar to the trouble in other locations, as massage, electricity, stimulative applications and counter irritation.

WINTERMUTE.

NEW YEAR'S RESOLUTIONS.

The beginning of another year. Will there be an improvement over the work done the past year or not? The forming of resolutions about the first of every new year, has become a standing joke. Usually the reforms promised are visionary, being the effects of the mental condition following the festivities of the season.

It has been claimed by some who profess to be familiar with the subject, that hades is paved with good intentions, or words to this effect. It is an evidence of one's consciousness of his feelings to even mentally resolve to do better in the future, although failure follows the resolve in a short time. Retrospection is usually beneficial, particularly if the subject reviewed is one's self. Unfortunately, an unbiased view of one's past deeds is not always conducive to increasing our good opinion of ourselves, but this very summary may be of value in the future, although no definite resolve may be formulated.

The aim of the physician should be the alleviation of the ills of his patients. Have we employed our facilities to the best of our ability? The doctor holds a position peculiar to himself. No other vocation presents the same problems as the practice of medicine. The unfortunate doctor is supposed to respond cheerfully at any time to the cry of distress, and this applies to mental, financial and physical. He has no business to be feeling ill, blue or grumpy. He must take an active interest in all the aches and pains of the entire family, whether or no the narrative has any bearing on the case in hand. He must be prepared at all times for any emergency, be able to do without sleep, rest and food, and be at all times the personification of sunshine.

No, I do not believe any of us can truthfully say that we have always been able to fulfill these varied requirements. The one who can, is too good for this world of trials and woe. Among the majority of doctors there is a disposition to disregard the demands of nature; too little rest and recreation, for fear a dollar will be lost.

When the physical and nervous systems are overworked, it is simply impossible for the physician to give the necessary attention and thought to his cases, and as a consequence his work is unsatisfactory to patient and himself.

Let the doctor resolve, and stick to it, excepting in an emergency, to take a half day, or better still, two half days, off every week, the time so taken being devoted to that form of recreation which best suits his disposition; staying in bed and sleeping or resting, playing golf, going fishing, playing a quiet game of cards, or what probably will please best, loafing about the house and getting acquainted with his family.

Also make a resolution that hereafter you will attend your State meetings, and at that time extend the vacation ten days more, and enjoy life.

If your patients do not think enough of you to retain your services because you are taking a much-needed rest, they will not stick to you anyhow; and the money you think you will lose by absenting yourself will be more than made up by the influence your patrons will have, through their telling their friends, patients of the other doctor, that you are attending a State medical meeting, and that you have prepared an interesting paper, describing how you snatched Sammie from the jaws of death the time he ate a bushel (more or less) of green apples, or some other equally hair-raising experience you may have had.

Your patrons among the laity are always pleased to tell their friends about how their doctor is going to read a paper before a society where all the big men (?) from the State will be present. It is a savory morsel to them, and you will be surprised at the amount of precedence such a thing will give you.

Now, if you will take the frequent periods of rest, attend your State meetings, and take a few days extra for recreation, you will have much less to regret at the end of the year. You will have been more cheerful, will have given your patients better service, will have escaped many of the ills resulting from overwork, loss of sleep, etc., and will feel more complacent towards yourself. Make the resolve now, and do not let it form another brick in the pavement of the place already mentioned.

FOLTZ.

TREATMENT WITHOUT DRUGS.

The physiological treatment of disease or "drugless treatment" is gaining ground in the last few years, and, as is generally the case with any new proposition in medicine, there are always extremists for or against, so we find in this instance physicians who discredit the beneficial influence of physiological methods entirely, while on the other hand there are those who would dispense with drugs altogether and rely wholly upon physiological treatment. Comprised under what is called physiological treatment, or "nature's way," are massage, dietetics, hygiene, hydrotherapy, electricity and gymnastics. That all of these are beneficial in their proper sphere certainly no one will deny, and that in some cases these procedures will cure disease is without doubt.

But there are some pathological conditions in which the proper remedies judiciously administered will greatly aid in the cure, and, in fact, in which a cure is impossible without them. A happy combination of physiological methods and drug treatment will usually give the best results. Specific medication, which calls for a drug only when needed and indicated, will be benefited and aided by physiological methods.

It is much easier for the physician to give the patient a bottle of medicine or a box of tablets and tell him to call again, than it is to put him through his physiological paces; it is also more convenient for the patient; and, as in many cases trifling ailments are self-limited with a tendency to recovery, the patient and physician are both content. In these temporary and fleeting troubles it is too much to expect the patient to submit to an hour of massage, electricity, baths, or super-heated air, although perhaps he would thereby be cured even more quickly and satisfactorily than by medicine.

Doubtless it would be more satisfactory and scientific to give every patient a thorough physical examination, including a chemical and microscopical examination of the excretions, secretions, blood and lymph, a test meal, and a detailed investigation into the condition of the nervous system; this to be followed by such physiological measures as were suggested by the results of the examination. Certainly such a course is thorough, is to be commended and in some cases necessary, but not in all, for many times the physician is able to make an approximate diagnosis and to apply the remedy at once. There is, however, a tendency to pass by cases of sickness without a definite diagnosis and an inclination to fall into an easy, slipshod method of treatment which is comfortable for both patient and physician, but which often results in mistakes and prolongs the case. An accurate diagnosis must form the basis for intelligent treatment; this is often not assured either by the drug doctor or the physiological healer. We find that many of the professional masseurs, electro-therapeutists and hydro-therapeutists apply their healing methods to all alike and indiscriminately, many of these doctors having no scientific education and no definite knowledge of the underlying pathological condition. But incompetents are found among drug doctors as well, so the honors are about even on that score.

That physiological methods have their proper sphere in the treatment of diseases can not be denied; but, for the most part, these methods are fully employed by physicians who also use drugs when indicated, a happy combination which gives the best results. The physiological extremist loses the valuable aid to be gained from medicine, while, on the other hand, he who relies altogether on drugs deprives himself of the benefits to be derived from physiological methods. One difficulty in the way of physiological treatment is the time required for the application of the various measures, the extensive apparatus, the greater room and the number of assistants necessary for suc-

cessful results. A physician who ordinarily sees twenty-five or thirty patients daily can hardly do justice to all, still if the doctor feels that some must be neglected or slighted, the proper way would be to refer them elsewhere.

The field for physiological treatment is eminently in office or hospital, for in general practice and at the home of the patient it is very inconvenient, sometimes impossible, to apply all the physiological outfit, especially those which require elaborate and expensive apparatus, such as X-ray, vibration and super-heated air. We do not wish it understood that we are depreciating physiological treatment or seeking to deny its efficacy, such is not the case, but, on the other hand, are firm believers and users of these methods, and are free to say that the brilliant results sometimes attained will astonish those who have not yet availed themselves of these valuable aids in treatment. In fact, we make use of electricity, massage, hot air and water in any case when indicated, but we do not for a moment believe that these measures can supplant drugs, because we often succeed in relieving disease with drugs alone much quicker and more thoroughly than with physiological methods alone. There is a harmonious relation between the two that brings the best results, and the outcome of the whole matter will be less drugging and more manipulation, whereby both the patient and the physician will be the gainers.

WATKINS.

THE CRUSADE IN THE EAST.

We refer to the effort to purify the drug market of direct imposition in the way of fraudulent, cheapening products, concerning which it seems repeated exposures offer no cure. In the present case we shall dwell upon a substance which is not only a *cheapener*, but a *killer* as well. To add a little flour to powdered elm bark, or yellow corn meal to beeswax, *cheapens*, but does not *kill*. To mix powdered cocoanut shells with ground cinnamon, or glucose with honey, wrongs the *pocket-book*, but possibly does not injure the patient's health. But it is not of such as these we wish to speak, and in evidence that the subject is important, abstract from an editorial of the *Druggist's Circular* as follows:

"Improper Use of Wood Alcohol.—Reports are rife that wood alcohol is being used by unscrupulous pharmacists in the manufacture of flavoring extracts, tinctures of iodine and arnica, and spirit of camphor. Six samples of each tincture of arnica and spirit of camphor were examined for wood alcohol, of which two of each were found to contain no other solvent. Six samples of tincture of iodine were examined also for wood alcohol as well as iodine content. As for iodine they were uniformly good, but two of the samples contained only the methyl spirit as a solvent."

If we mistake not, this is not our first reference to this wood alcohol (methyl spirit) subject, nor possibly will it be our last.

It is a shame that such a substance, merely because it has the power of dissolving some resins and oils and is *called* alcohol, should be allowed to masquerade where by designing persons it can be introduced into compounds that physicians prescribe and people drink. It is a *poison* as a great number of deaths attest. It is a *mixture of poisons*, for it is not pure methyl alcohol, as the name used for it indicates. In connection with its poisonous qualities we reproduce the following editorial from the current number of the *Bulletin of Pharmacy*:

"*Wood Alcohol Again.*—The several deaths resulting in New York City from the ingestion of whiskey made of wood alcohol, and sold in a disreputable saloon, calls to mind again the dangerously toxic nature of this substance. An investigation undertaken at the beginning of the present year by two prominent physicians, Dr. Frank Buller, of Montreal, and Dr. Casey Wood, of Chicago, has shown that about 175 cases of blindness and over 100 deaths during the past seven or eight years, can be directly imputed to wood alcohol in the various forms in which it is manufactured. This estimate is a conservative one, and only treats of published instances of deaths and blindness. The practice of substituting wood for grain alcohol in the manufacture of medicinal preparations is a most insidious and pernicious means of poisoning, and the sale not only of methyl whiskey, but also of remedies and toilet preparations manufactured or adulterated with wood alcohol, should be restricted by law."

We agree most emphatically with the *Bulletin of Pharmacy* and again protest against the use of such a substance in pharmacy until after recognized authority gives pharmacists the right to use it. *No pharmacopoeia of any country, no dispensatory of any land, no materia medica extant, sanctions wood alcohol in any place whatever*, be it as a solvent, a menstruum, or a final constituent. Until such privilege is given, or until physicians prescribe it, we contend that this poisonous liquid has no place in the pharmacy of medicines.

LLOYD.

STATE SOCIETIES.

The troubles in the Indiana State Society have recalled to us the time when somewhat similar charges were made in our State society, some eighteen or nineteen years ago, and the methods then employed to avert similar experiences through which they are now passing.

It is a great pity such things can not be avoided. Charges and counter-charges serve only to engender and stir up strife and hard feelings. Strife destroys the usefulness and influence of our State societies. We fully recognize the fact that there seems to be an innate jealousy among physicians, and we fear a woful want of professional honesty, yet it is doubtful whether that constitutes a sufficient excuse or cause for the sacrifice of the influence and recognition of the school as an entity.

Men do not take kindly to Paul's advice: "If thine enemy hunger, feed him; if he thirst, give him drink; for in so doing thou shalt heap coals of fire on his head." Rather would they follow the advice of the old dispensation of "an eye for an eye and a tooth for a tooth." The former is much the better way, when we can bring ourselves into the proper mood, for the growth and prosperity of the society.

When many years ago such charges were freely made in the Ohio State Society no hard names were called, no strife and bitterness were thus stirred. The young fellows over the State were urged to join the society. Adjunct societies were formed in various parts of the State and the necessity of joining and attending the State and National meetings continually impressed upon them. What was the result? Our State society grew in numbers, was better attended, and we had the votes to do what we pleased, and I sincerely believe the people against whom the charges were made were better pleased than we were, if such were possible. Votes are what count, and if the other fellow has them, you are left.

Efficient officers are a necessity. Often we make errors in our selection. This is an unfortunate error soon corrected. Better submit than destroy the entire structure. For several years one of our adjunct societies has enjoyed the pleasure of having a monopoly of the officers, yet no one objects. We deem it wise to keep in office an efficient worker who will devote a portion of his time to the society, for we can assure you, from experience, it takes time and plenty of it, too.

How much better would it be for our Indiana brethren if they would adopt the methods pursued in this State years ago, instead of calling one another hard names, stirring up strife and forming another society. The formation of such will ultimately destroy the usefulness of both. We have no men to spare; no influence to thus waste. Better, indeed, mix politics in the society. Get out your men and capture it by votes. Such a good-natured rivalry will not only insure a larger attendance, but will enhance the growth rather than prove detrimental, provided, of course, good feeling is maintained.

It is twenty-one years since we joined our State society, and in that time it has been singularly free from internal strife, and we sincerely hope it may continue to be. True, many things have been done to which we did not all acquiesce, yet in nearly, if not all instances, it was accepted with good grace as coming from the majority, to which we must bend, and we all went home with a determination to come back next year and do better.

We ought all to pull together for the common cause, remembering that "grievous words stir up strife," and that only in unity is there strength. Settle your differences amicably, for "a house divided against itself can not stand." This has been abundantly proven by the past history of Eclecticism. Internal strife and dissension have, several times in our history, nearly destroyed us.

MUNDY.

TREATMENT OF PNEUMONIA.

If we keep well in mind the pathology of the different stages of this disease, we are not apt to become confused or go far wrong in the treatment. Thus in the first stage, there is usually an active condition of the circulation; the heart beats rapidly, the pulse being *full, strong and bounding*; the capillaries become *full* and distended, giving us the stage of engorgement. If we are to relieve this engorged condition, we *must* slow the heart and circulation, and I know of no remedy that will accomplish this end with such happy results as veratrum, if used skillfully. It does not depress and weaken the heart like the coal-tar products, but acts kindly, slows the pulse, reduces the temperature and relieves the obstructed venous capillaries. Its action is uniform and easily controlled, even in the large dose.

Aconite is the remedy where the heart's action is rapid, but the pulse is small but *hard* and *wiry*. It is generally in the *sthenia* of children, while veratrum acts better in the adult. Should the heart be weak, as shown by a small *feeble* pulse, aconite must not be given save in the very small dose.

Pilocarpus or jaborandi acts kindly, where there is high temperature, great excitement of the nervous system, and a dry, hot skin.

With these remedies as our sedatives, we have the foundation for a successful treatment, for they not only relieve engorgement in the early stage, but materially assist in the removal of the exudates that follow, and, where carefully used, the second and third stages are so modified as to furnish but little need for alarm.

The indication for the remedies that has been so successfully used in pneumonia is as follows:

Veratrum.—A full, strong and bounding pulse calls for this agent. From thirty to sixty drops are placed in half a glass of water and a teaspoonful given every hour till the pulse comes under its helpful influence, when it should be given every two, three or four hours. If nausea is experienced, a half grain of morphia added to the four ounce solution will overcome this disagreeable feature.

Aconite.—A small, frequent, hard or wiry pulse, with a hot, dry skin, calls for aconite. The dose will be five to ten drops in a half glass of water (four ounces), a teaspoonful every hour.

Jaborandi.—High temperature, dry, hot skin, great excitement of the nervous system, twitching of the muscles and patient very restless, calls for this agent. One drachm to half glass of water, tea-spoonful every one, two or three hours.

Byronia.—A hard, or vibratile pulse, pain in the chest of a lancinating or stab-like character, and a frequent, hard, dry, irritating cough, calls for bryonia. Ten drops to half glass of water and a teaspoonful every hour acts promptly. It is a good agent to continue during the second stage.

Asclepias.—This is especially useful in infantile pneumonia,

though good at any age, where the conditions call for it. The skin is dry, the cough harassing, pulse rapid, and chest pains erratic or shifting. One to three drops in a little *hot* water every hour till better, then in smaller sized dose.

Lobelia.—A sense of oppression in the chest, an oppressed pulse, and where the bronchioles are choked with mucus. In such conditions, lobelia, ten to twenty drops in half glass of water, will be found of great value.

Ipecac.—In the early stage, where irritation is the characteristic symptom, the cough hacking and persistent ten drops added to half glass of water, a teaspoonful every hour, will not disappoint.

Sanguinaria.—This is a splendid remedy in the second and third stages. Where secretion of mucus causes a tickling sensation with inability to raise it, sanguinaria, ten drops to half glass of water, teaspoonful every hour, affords much relief.

Echinacea.—Where there is evidence of sepsis, with tissues full and dusky, echinacea is a splendid agent; a teaspoonful to water four ounces.

These are the remedies most frequently used, and if one studies these agents carefully and the conditions calling for their use, he will soon establish a reputation in the treatment of this dread disease.

The local treatment is not to be neglected. Poultices are to be discarded, for many times they are harmful, in addition to the weight and load the weakened lung has to lift with each respiration, the skin becomes relaxed, the clothing becomes damp and too often cold, thus chilling the patient, endangering the life of the patient.

A Libradol plaster over the affected area is soothing, quiets the pain and greatly assists in relieving the cough. In children the larded cloth well sprinkled with compound emetic powder is of great benefit.

The patient should be kept warm, though the temperature of the room should not be over 70 and plenty of fresh, out-door air admitted to the room. Never try to purify the air from an inside room. The patient *must* have pure, fresh air. The diet should be liquid and nourishing, milk being preferable. The use of strychnine, digitalis, nitro-glycerine, etc., will very seldom be necessary.

THOMAS.

TUBERCULOSIS.

The tubercle bacillus does not confine its ravages to pulmonary tissues. The lungs, however, are easily accessible, and are by their location and structure so favorable and secure a retreat for the growth and biological activity of the germ, that pulmonary tuberculosis is much more common than any other form. Many reasons combine to make consumption of the lungs a disease baffling to medical treatment. Those organs are so poorly supplied with sensitive nerves that nature's friendly warning of pain may be wanting; consequently considerable progress of

diseased action is often made before its presence is suspected. The focus of infection is accessible to infecting organisms, but quite inaccessible to efforts to dislodge them. We are limited to efforts to secure favorable environment combined with such measures as may be available to increase resistance.

Special and earnest efforts towards better methods of treatment, with the hope of eventually stamping out the scourge, are enlisting the interest of the profession and the public. It is believed that results are already encouraging. Perhaps it is too much to claim decided advancement in the treatment. The most evident gain has reference to a better understanding of the nature of the malady, and the conditions upon which it depends—knowledge directly indicating the hygienic measures for its restriction.

These are well-directed efforts, and we can safely look for increasingly important developments along this line. Meanwhile it may be well to inquire if all is being done for other forms of disease for which the same micro-organism is responsible.

The knowledge that many diseases, masquerading under a variety of titles, are really tubercular, does not seem to have borne fruit commensurate with its importance.

In tubercular disease of bones and joints, we can often, by an early diagnosis and prompt treatment, arrest the progress of the morbid process and avert deformity. This remark applies to tubercular spondylitis, as well as coxitis, and other joint troubles. The initial symptoms and stages extend over considerable time. If neglected, abscess with caries supervenes, entailing distressing deformity. The number of crippled children in our midst is a reproach to the profession which ought to be removed. There are other forms of tuberculosis not always easy to differentiate, such as otitis, peritonitis, and ovaritis, mostly amenable to surgical treatment. Much will depend in any case upon whether the local manifestation is a primary infection or secondary to some inaccessible focus of infection.

It goes without saying, that the question is a large one, requiring the best resources, surgical, medical, and hygienic. Some notable triumphs have been scored in recent times, and the prospect is bright for still greater progress in the near future.

CHURCH.

ASEPSIS IN SURGICAL PRACTICE.

The pendulum is at last swinging back to a rational conception of the surgical problem—asepsis in surgical practice. Some years ago Prof. Howe and the writer challenged the position taken by the surgical world in regard to antiseptic surgery, and the means and ends suggested in the accomplishment of the most radical believers of antiseptic surgery and disciples of Lord Lister. I believe it was at the St. Louis meeting of the National Eclectic Medical Association that the surgical section of our medical association assailed the position which Prof. Howe and the writer

at that time held in regard to the things necessary to make a surgical procedure successful. We held at that time that cleanliness was the only essential feature to a successful issue in operative surgery. And after years of changes we are glad to note that the follies of the antiseptics are at last changing to the teachings which we have all along maintained, and carried out in actual practice.

We were delighted on beholding this same spirit of cleanliness carried out in the leading hospitals of Europe, and the pushing to the wall of the pharaphernalia of the antiseptic believers. The leading surgeons of Germany depend now entirely upon soap and water, scrub-brush and razor, as the proper articles to be used in all surgical operations. Occasionally we note that some, after thoroughly scrubbing and sterilizing the parts, as an extra precaution used alcohol for its aseptic aid, and to lessen the chances of infection from the scratches of a too vigorous application of the scrub-brush; possibly for its aseptic effect in neutralizing and expunging the debris from the soap and brush. The continental surgeons in their preparation of the hands before entering upon a surgical operation, use freely of soft soap and warm water, each surgeon having his own separate wash-bowl, brush and soap; and at no time allowing a confrere to use the same brush, soap or wash-basin.

I had a long conversation with Lord Lister at the time of the meeting of the British Medical Association at Montreal; and was about the time that Lawson Tate had declared against the spray in laparotomies, and charged that it had been the cause of the death of some of his patients. During the conversation I asked Lord Lister how it had come about that so many of the essentials, which were heralded in the antiseptic days, were gradually being dropped and declared to be non-essential to successful surgery. His reply was that at the time of his declaration in favor of antiseptic surgery, and the manner of doing it, there were so many things thought possible as factors, that he was obliged to state the importance of obeying to the letter all of his declarations in the make-up of an antiseptic operation; even to the spraying of the room and the medication of the atmosphere, together with the continuous stream of steam vapor over the field of operation, lest dropping from the air the diseased germ or pus microbe might enter and assail the wound.

For the last few years, at the Seton Hospital, we have depended entirely on a liberal application of Asepsin soap, well applied with brush and hot sterilized water; the field of operation of the patient likewise being thoroughly scrubbed and prepared; no antiseptic fluids for immersion of the hands or instruments, and no excessive preparation of instruments other than five minutes in boiling water. All of our wounds healed by first intention, without a drop of pus, amputations and laparotomies included in the list.

It has taken our old school friends a long time to come back to

the position of aseptic surgery; but here they must eventually come; and it will be the doing away of hundreds of dollars in expensive dishes and supplies for hospital antiseptic precautions.

RUSSELL.

COLLINSONIA AROMATICA.

Physicians who remember the teachings of Prof. Scudder, will recall the stress he laid upon Collinsonia as a remedy for laryngeal affections, particularly for minister's sore throat, and for hemorrhoids. In more recent years there have been investigations of Collinsonia leading to the employment of the herb instead of the root for use in throat affections. Upon the suggestion of Prof. Foltz, who originally recommended this remedy to Eclectic physicians, his father, Dr. Wm. K. Foltz, having for many years used it in preference to the root preparation, we have used this remedy with better success than the older form of the drug for irritation of the larynx, attended with hoarseness. Personal use of it, as well as use upon patients, has convinced me that we have in this preparation of the plant a very valuable throat remedy. The indications are those for specific Collinsonia, such as a sense of constriction, with irritation in the throat or larynx; tickling sensation in the throat with constriction; cough arising from use of the voice; aphonia; sticking pain in the larynx."

Its field of action is similar to that of specific Collinsonia, which we have always valued highly, but which in this special field seems to yield place to Collinsonia aromatic, viz.: that form of laryngitis, known as minister's sore throat; chronic laryngitis, pharyngitis, some cases of chronic bronchitis, tracheitis (croup), and in the cough of phthisis. Prof. Foltz, some years ago (in *Webster's Materia Medica*), recommended it in ear diseases with increased secretions, non-purulent in character, and in the early stages of middle-ear disorders when follicular pharyngitis and hypertrophied Luschka's glands are complications. That condition in which we have thus far gotten the most pronounced effects are in aphonia from vascular hyperemia or from congestion. Results next to marvelous were obtained in the case of a singer, upon whom various remedies from many physicians had failed to relieve a laryngeal irritation, with huskiness of voice and sensation as of a lump in the anterior part of the larynx. The dose should be liberal.

R—Collinsonia aromatic, $\bar{3}$ j; simple syrup, $\bar{3}$ iij. M. Sig. One teaspoonful every 2 to 3 hours.

It adds a valuable remedy in our specific resources. FILTER.

CEPHALHEMATOMA.

This is a tumor filled with blood, which is sometimes seen on the head of a new-born babe. It is caused by an effusion of blood beneath the pericranium, and is usually situated over a parietal bone, or if there are more than one tumor, over both parietal bones, near the sutures, but away from the fontanelles. They

are sometimes found in other situations. Cephalhaematoma might be mistaken for cerebral hernia, but the location away from the fontanelles and the evidence of fluctuation determine the difference between the two. Aspiration, however, will clear up the diagnosis.

The condition is rare and may be attributed to injury of the infantile cranium during parturition, either because of a contracted pelvis or from the use of forceps, or both. The tumor or tumors, make their appearance two or three days after birth and vary in size from an inch to two inches in diameter; are smoothly elevated and fluctuating. Cephalhaematoma need not be confounded with *caput succedaneum*.

Recently, I delivered a primipara thirty-six years of age, of a baby, large in size and occupying a right occipitoposterior position. Delivery was done with forceps, and considerable force was necessary in the delivery. The baby was apparently all right when born, and on the third day a hematoma was noticed over each parietal bone. One was about two inches in diameter and the other one inch. Now it seemed to me that the earlier the effusion was removed, the better it would be for the little one, so I aspirated at once, drawing off the fluid until no fluctuation could be detected. They did not refill and the baby had no further difficulty. He is now a healthy, chubby infant, and all danger of necrosis at an end. To have waited for absorption would have meant, in all probability, death.

STEPHENS.

ISCHIO-RECTAL ABSCESS.

The results following an abscess in the region of the anus are so grave in many cases that one's attention can not be too forcibly called to them, nor too often. The focal point, or central zone, of abscess in this region is usually deeply situated, and the natural tendency of pus to travel in the direction of least resistance is well known. Hence, it too often finds its way into the bowel before it approaches the skin near enough to suggest lancing. The owner of the abscess therefore becomes the possessor of an anal fistula which he would be glad to get rid of and can not without resorting to an operation.

I saw a case of this kind not long ago in which a teamster developed a "boil" in the ischio-rectal tissues. He poulticed it for a time, and the doctor who was finally called in consultation with him, concurred in the treatment and advised that it be continued. The result was a fistula in ano. I have seen this happen so often that I can not help calling attention to it every little while. Whenever you find a "boil" about the anal region, in your own, or the person of some one else, *cut* it and cut it quick. Do not give it a chance to cut its way inward to the bowel. Take away the resistance to its outward course which is offered by the dense tissues of the skin and fascia, and thus save the patient prolonged pain and suffering and many times the nastiness of a fistula in ano. It may be necessary to go to a depth of an inch or two, but go if you have to, and go all the way.

STEPHENS.

SODIUM SALICYLATE

True, from Natural Wintergreen Oil.

IN perfecting their products from Natural Wintergreen Oil and in demonstrating their therapeutic value, the Merrell Company have won the confidence of the medical profession, and established the fact that **Natural Salicylates** should alone be employed for internal administration; and when **Sodium Salicylate**, true, is specified, it is clearly the desire of the physician that the Merrell product should be used. The only recommendation of other brands is that "they are cheaper in price," and it is such substitution which often convinces the physician that it is necessary for him to dispense his own medicines.

In addition to the powdered and crystalline forms, **Sodium Salicylate**, true, is offered in 2½ and 5 grain compressed tablets.

No Increase in Price. These tablets are put up in 1 oz., ¼ lb., ½ lb. and 1 lb. bottles, and are sold at the same price as the powder.

The Merrell Company were the first, and are now the only, manufacturers in the United States of these **Natural Educts** from **Wintergreen**, and their product should always be used if undesirable complications are to be avoided.

Our 72 page booklet upon this subject is sent free upon application,

RHEUMATISM.

In the treatment of **Rheumatism**, elimination and **Salicylic Acid** rarely fail to give the very best result. Keep the bowels open and the kidneys active by means of salines and the ingestion of large quantities of pure water (this also favors diaphoresis), and **Ferro Salicylata** (Merrell) will do the rest.

Ferro Salicylata contains in each fluid dram five grains of **Salicylic Acid** and five minims of the tincture **Citro-Chloride of Iron**. As the **True Acid** from **Natural Wintergreen Oil** is used, the preparation is devoid of those depressing effects which often attend the administration of the synthetic product, and it may therefore be given in as large and as frequently repeated doses as are indicated to control the symptoms and cure the patient.

As a tonic after **Grip**, **Ferro Salicylata** will do more toward restoring the strength of the patient than all other remedies combined; and for the depressed condition which so often attends convalescence after **Grip**, **Ferro Salicylata** is almost a specific.

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VOL. X.

JANUARY, 1905.

No. 1.

BOOK NOTICES.

DISEASES OF THE UTERINE CERVIX. By H. I. Ostrom, M.D., New York. 386 pages, cloth, \$2.50. Postage 18 cents. Philadelphia: Boericke & Tafel.

The unqualified terms, disease of the uterus, always refer to affections of the cervix. This is owing to the fact that lesions and disorders of the lower segment of the organ are comparatively so common. This work covers the subject most thoroughly, and after a manner that will prove satisfactory to the general practitioner as well as the specialist. It is divided into twelve chapters, the first three of which are devoted to the consideration of the anatomy, development, and congenital defects of the organ. Chapter IV includes ten pages on general causes of diseases of the uterus. V and VI treat of antisepsis, specific technique, post-operative treatment, gynecological examinations, diagnosis, and the significance of pain. In the following three chapters operations and diseases are given attention, as lacerations, inflammation, hyperplasia, specific inflammation, tuberculosis, neoplasma, etc.; while the last chapter, one of the best, is given over to abdominal and vaginal hysterectomy. We are pleased to commend this work to any who may desire something along this line.

R. C. W.

SAUNDERS' QUESTION COMPENDS. Essentials of Materia Medica and Prescription Writing. By Henry Morris, M. D. Sixth edition, thoroughly revised, by W. A. Bastedo, M. D. 12mo, 295 pages, cloth, \$1.00 net. Philadelphia: W. B. Saunders & Co.

Though the original classification and arrangement are retained, as well as the major portion of the author's dictum on therapeutic applications, Dr. Bastedo has brought this work more up to date by rewriting the definitions of classes of preparations and the chapters

on opium, veratrum, alcohol, antipyrine, iodoform, formaldehyde, and carbolic acid, and by introducing adrenalin, strychnine, and the silver and iodine synthetics. These are important medicines in the regular school, and the book is representative of the materia medica of that body. We still note that bryonia, an important remedy with us for disorders of the serous membranes, is accredited with cathartic, emmenagogue and diuretic properties.

H. W. F.

ESSENTIALS OF BACTERIOLOGY. By M. V. Ball, M. D. 12mo, 343 pages, with 96 illustrations and six plates. Philadelphia: W. B. Saunders & Co. Cloth, \$1.00 net.

Within the last few years rapid progress in bacteriology has involved many radical changes in the science, necessitating a thorough revision in the preparation of this edition. This little book is clear and concise. The section on stains and their preparation is good, and a very valuable aid. The different culture media and how to make them, are dealt with independently, as also are the types and kinds of bacteria. All in all, this is a valuable aid to students and physicians, and is well worth the price.

J. L. F.

THE MEDICAL NEWS VISITING LIST: An invaluable pocket-sized, wallet-shaped book, containing memoranda and data important for every Physician, and ruled blanks for recording every detail of practice. Arranged for 60 patients. Bound in flexible leather, with flap and pocket pencils and rubber, and calendar for two years. \$1.25; thumb index 25c. extra; by mail to any address, postpaid. Lea Brothers & Co., publishers, New York.

This 1905 Visiting List is more to our liking than any we have ever examined; being its nineteenth year of issue, it embodies the result of long experience and study. The text portion has been thoroughly revised, and contains, among other valuable things, tables of weights and measures, instruction in urinalysis, incompatibles, poisons and antidotes, etc. The record portion contains ruled blanks of various kinds, adapted for noting all details of professional business. It is printed on fine, tough paper suitable for either pen or pencil, and will be found satisfactory in every particular.

R. C. W.

A PHILOSOPHY OF THERAPEUTICS: The foundation of which rests upon the two postulates: "first, that it is the human organism that is the active factor in the healing of the sick, and not drugs, and second, that there are two therapeutic laws. By Eldridge C. Price, M. D. Nunn & Co., Publishers, Baltimore, Md.

In a philosophy of therapeutics Dr. Price sets forth what he believes to be the truth concerning the application of remedies to the relief of disease. He believes in homeopathy (similars), but pleads for a broader, more charitable reception of the opinion of others. This is all good; the book is good. But in the end we must fall back upon

LIBRADOL.

The Season for Insect Stings and Bites is at hand.

It has been brought to our attention through numerous reports that Libradol is a quick reliever of bites and stings of insects, and we ourselves witnessed in two instances its marvelous power in the instantaneous relief of the pain of bee stings. In this connection, the following letter from Dr. Albert Sayler will prove of value, to physicians who may be confronted with a painful sting or insect bite.

“About the middle of October, 1903, immediately after the fall, or aster flow of honey, in closing up for winter the bee hives of my apiary, I was stung on my hands and wrists, at least fifty times, and most likely, seventy-five times.

“I applied Lloyd's Libradol once, during my closing up bee work, and twice afterwards. The swelling stopped at once, as if by magic, with scarcely any after-puffiness, disagreeableness, or discomfort.

“About a week ago, working without my bee veil, one little nettle some rascal dabbed me on the nose, and while the pain was yet severe, I ran for my box of Lloyd's Libradol, and applied the remedy, thinking to note from time to time its effect. But just like a small boy, I forgot all about the sting for at least three days.

“Nothing else as yet developed compares with Libradol for dulling the pain and reducing the swelling of bee stings.”

Respectfully,

ALBERT SAYLER, M. D.,
New Palestine, Clermont Co., Ohio.

In this connection it is well to bear in mind that Libradol need not be plastered thickly where a large surface is involved, but that a thinly spread tissue is satisfactory, or it may even be rubbed on the skin with the finger. Please bear in mind that Libradol instantly relieves itching of a surface, and is especially applicable to chronic itching of the anus.

Price, 1-lb. package.....\$1.50 By mail, \$1.75

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ECHAFOLTA. (The Best Remedy for Blood Depravation.)

This is the choicest of all preparations of Echinacea, and has the following history: In 1887 we introduced Echinacea in the form of a tincture. We did this years before any other pharmacist knew of the drug.

As does all percolates of this drug, and all colored preparations of it, the tincture contains impurities which disturb its action and lessen its value. This we early discovered, for crude Echinacea root is a very impure drug. It contains much plant dirt, much sugar, much glucose, much inert coloring matter. These go into ordinary preparations of Echinacea. In surgical cases such impurities of Echinacea may be serious. Coloring matters, organic ferments, and glucose are inadmissible. No colored preparation of Echinacea should be applied to a wound or used internally.

We experimented to overcome these imperfections, and finally discovered how to do so. This was accomplished years ago. The perfected preparation we named Echafolta.

Echafolta is the only perfect representative of Echinacea. It is the preparation that broadly established the value of Echinacea. This we can say by authority, for we introduced both Echinacea and Echafolta, and on our preparations the value of this drug was established.

Whoever has a bottle of Echafolta may accept that whatever is possible of any preparation of the drug Echinacea is at his command.

Echafolta contains no water, no glucose, no sugar, no tannates, no inorganic salts, no albumen, no gum, no coloring matters, no organic germs or organic ferments. Echafolta is clean, but yet is complex. It is a complete representative of the drug Echinacea carrying its full drug value.

The uses and dose of Echafolta are given in full on each label. It is a marvelous remedy—the most popular of all remedies in diseases that involve blood depravation. It is a corrector of blood dyscrasia, non-poisonous, and has advantages over all other medicaments for this purpose. Its field of usefulness is already great, and yet, is not fully developed. To all this the medical profession attests. Physicians using Echafolta commend it to their professional friends who in turn praise it to others. Thus the reputation of this choice remedy, now the standard for sepsis, was established before the crude drug from which it is made was known to commerce.

In our recent pamphlet on Libradol, a remedy that relieves pain by local application, mention is made of Echafolta. This brings to us a great number of inquiring letters, inasmuch as the field of Echafolta is one of the most important confronting physicians. In response to these requests the present treatise is prepared, the object being to extend information concerning Echafolta and its uses. Let us repeat that we make no family medicines, secret mixtures, or self-cures for the people, our preparations being prescribed by physicians and obtained through their druggists. To plant preparations, our specialty, we have for years devoted persistent study, and our products are representative. Let us hope that Echafolta, a remedy as invaluable in its field as is Libradol in its own, may prove as useful to physicians who are now unacquainted with that preparation as is Libradol to those using that effective remedy for pain.

Echafolta is carried in stock by every jobbing druggist in America. It is to be obtained in original vials at the following prices: Four ounce, 55 cents; eight ounce, \$1.00; sixteen ounce, \$2.00. Should the remedy not be at command of a physician desiring it, we will mail a four-ounce bottle on receipt of 77 cents. As has been said, each bottle is accompanied by detail uses and doses.

LLOYD BROTHERS, CINCINNATI, OHIO.

facts, however few, which have been proven by experimentation and experience, no matter how painful the fall may be. It matters not if the remedy be antipathic or homeopathic in its action, what will it do and what special phenomenon or phenomena in a diseased human being will it change for the better? Every one knows that along the pathway which the medical profession has traveled lie the skeletons of theories and fancies innumerable. It is only occasionally that a real gem of the first water is found, which is not dimmed when submitted to the crucial test of experience. Only by the incessant thought and toil of honest workers in the field of medicine is it possible to uncover from time to time that which is of true worth in the healing of the sick. But get the book and read it. It will help to widen your world of thought.

A. F. S.

IMMORTALITY.

This book of Dr. Cooper's deserves and will receive at the hands of the E. M. Journal a review that will be in keeping with the importance of the work. The preliminary notice herein offered will enable the readers of the Journal to procure the book, read it, and then be in position to judge as to whether the review that is coming is, in their opinion, a comprehensive one. Whoever is concerned in human affairs is concerned in the subject treated of by Dr. Cooper, and to this I may add that in this book by Dr. Cooper, physicians will find a touch that exhibits to them the philosophic mind and altruistic thought of the author of Immortality. This is said by one who has known Dr. Cooper a great many years, and takes great pleasure in making these brief comments, not only because of the satisfaction the book "Immortality" has given to him, but because he feels it due to Dr. Cooper's friends that such a work as this, next to his life work as a physician, should stand on record as the dominating line in which Dr. Cooper should be known.

J. U. L.

One striking feature of the table of contents of the December "Twentieth Century Home" is the number of people of high authority in various spheres of work who write on their special subjects for the magazine. This month we note Havelock Ellis, "Spanish Dancing"; Garrett P. Serviss, "The Fairyland of Science"; Harry Thurston Peck, "For the Woman Who Reads"; Dr. Watson L. Savage, "Home Exercise for Growing Children"; Dr. James H. Canfield, Librarian of Columbia University, "The World's Five Hundred Best Books"; Mrs. N. M. Slater, "Studies in Home Dressmaking"; Ralford Pyke, "Women as Economists."

COLLEGE AND SOCIETY NOTICES.

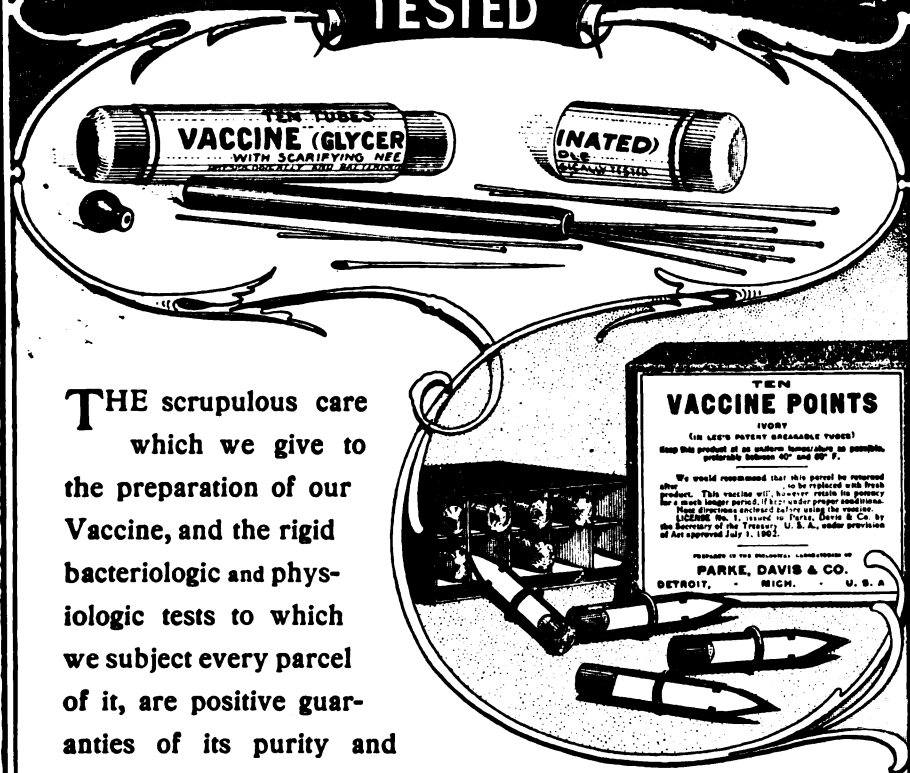
STATE ECLECTIC MEDICAL SOCIETIES.

- NATIONAL**—President, W. E. Kinnett, M. D., Yorkville, Ill.; Corresponding Secretary, H. H. Helbing, M. D., St. Louis, Mo. Next meeting at Saratoga Springs, N. Y., June, 1905.
- ARKANSAS**—President, W. S. May, M. D., Gurdon; Secretary, Jas. L. Vail, M. D., Little Rock. Next meeting May 10, at Little Rock.
- CALIFORNIA**—President, W. A. Harvey, M. D., San Francisco; Cor. Secretary, W. B. Bolton, San Pedro.
- GEORGIA**—Pres., John H. Goss, M. D., Decatur; Sec'y, G. A. Doss, M. D., Atlanta. Next meeting at Atlanta, April 3-4, 1905.
- ILLINOIS**—President, J. D. Robertson, M. D., Chicago; Sec'y, W. E. Kinnett, Yorkville. Next meeting at Peoria, in May, 1905.
- INDIANA**—Pres., Q. Robt. Hauss, Sellersburg; Corr. Sec'y, F. L. Hosman, M. D., 2212 Martindale ave., Indianapolis. Next meeting at Indianapolis, May, 1905.
- IOWA**—Pres., L. E. Eslick, M. D., Rockwell City; Cor. Sec'y, J. B. Horner, M. D., Lamoria. Next meeting at Des Moines.
- KANSAS**—Pres., J. T. Blank, M. D., Elk City; Sec'y, E. B. Packer, M. D., Osage City. Next meeting at Topeka, May, 1905.
- KENTUCKY**—Pres., W. R. Ruble, M. D., Lexington; Sec'y, Lee Strouse, M. D., Covington.
- MASSACHUSETTS**—Pres., Lydia Ross, M. D.; Sec'y, Asa L. Pattee, M. D., Falmouth. Next meeting in Boston, June 1-2, 1905.
- MISSOURI**—Pres., D. S. Talbot, M. D., Appleton; Corr. Sec'y, Geo. E. Krapf, M. D., St. Louis. Next meeting at Excelsior Springs, June, 1905.
- MICHIGAN**—Pres., W. H. Snyder, M. D., Hastings; Sec'y, F. B. Crowell, M. D., Lawrence. Next meeting at Jackson, May, 1905.
- NEBRASKA**—Pres., D. L. Palmer, M. D., Holdrege; Sec'y, W. N. Ramey, M. D., Lincoln. Next meeting at Lincoln, May, 1905.
- NEW ENGLAND**—Pres., Algernon Fassett, M. D.; Sec'y, Sylvina A. Abbott, M. D., Taunton, Mass. Next meeting at State House, Montpelier, Vt., June, 1905.
- NEW YORK**—Pres., E. H. King, M. D.; Sec'y, S. A. Hardy, M. D. Next meeting at New York City, January 11-12, 1905.
- OHIO**—Pres., Charles Gregory Smith, M. D., Cincinnati; Cor. Sec'y, John J. Sutter, M. D., Bluffton. Next meeting at Columbus, May 2-3-4, 1905.
- PENNSYLVANIA**—Pres., Frank Livingston, M. D., Johnstown; Cor. Sec'y, E. H. Moore, Pittsburg. Next meeting at Harrisburg.
- SOUTH DAKOTA**—Pres., J. C. Greenfield, M. D., Avon; Sec'y, W. E. Daniels, M. D., Madison. Next meeting at Yankton, May 16.
- TENNESSEE**—Pres., Thos. E. Halbert, Nashville; Cor. Sec'y, A. L. Daniel, M. D., Lohleville. Next meeting at Nashville, May, 1905.
- WASHINGTON**—Pres., M. L. Doom, M. D., Tacoma; Sec'y, R. L. Chase, M. D., Bothell. Next meeting at Seattle, September 20, 1905.

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EVERY FLUID DRACHM CONTAINS FIFTEEN GRAINS EACH OF PURE CHLORAL HYDRATE AND PURIFIED BROM. POT.; AND ONE-EIGHTH GRAIN EACH OF GEN. IMP. EX. CANNABIS IND. AND HYOSCYAM.—IS THE ONLY HYPNOTIC THAT HAS STOOD THE TEST, AS A HYPNOTIC, FOR THIRTY YEARS IN EVERY COUNTRY IN THE WORLD.

ECTHOL IODIA PAPINE

BATTLE & CO., CHEMISTS **ST. LOUIS, MO., U. S. A.**
CORPORATION,

WISCONSIN—Pres., G. R. Hill, M. D. Kendall; Sec'y, F. P. Klahr, M. D., Horicon. Next meeting at Milwaukee, May, 1905.

WEST VIRGINIA—Pres., L. N. Yost, M. D., Fairmount; Cor. Sec'y, Geo. Snyder, M. D. Next meeting at Clarksburg, May 17-18, 1905.

T. A. E. FRATERNITY NOTES.—Members of Tau Alpha Epsilon Fraternity entertained Thanksgiving Eve in honor of their lady friends. A short program, including short speeches from brother members of the faculty, together with dancing, music and cards, helped to complete a very enjoyable evening.—A. M. VAN HORN, Chronicler.

PERSONALS.

DIED—At Akersville, Ky., July 25th, Dr. Joseph A. Crabtree, age 61 years. Dr. Crabtree was a graduate of the Eclectic Medical Institute in 1875.

FOR SALE.—An old established practice. Up-to-date property and complete office outfit (with introduction) in an incorporated town of 1,000 inhabitants, on railroad, with three churches, good high school, electric lights, telephones, and almost every line of legitimate business known represented (except saloons). An extra good opening for an eclectic or homeopathic physician. Correspondence solicited.—DR. W. J. HUNT, Waynetown, Indiana.

READING NOTICES.

The psychological depressions and neuralgias so common in the period following a debauch, are lessened or disappear altogether by the use of Celerina.

As a gargle in sore throat or elongation of the uvula, Kennedy's Dark Pinus Canadensis has very general endorsement, the usual proportion being a teaspoonful to a glass of water.

We have just issued the fourth of our series of twelve illustrations of the Intestinal Parasites, and we will send them free to the physicians, on application. BATTLE & Co. St. Louis, Mo.

In the *North American Practitioner*, under the head of "Intestinal Antisepsis," reported by Dr. Pettingill, of New York City, we find some excellent experiences, from which the following is selected:

"Every physician knows full well the advantages to be derived from the use of Antikamnia in very many diseases, but a number of them are still lacking a knowledge of the fact that Antikamnia, in combi-

nation with various remedies, has a peculiarly happy effect; particularly is this the case when combined with salol. Salol is a most valuable remedy in many affections; and its usefulness seems to be enhanced by combining it with Antikamnia. The rheumatoid conditions so often seen in various manifestations are wonderfully relieved by the use of this combination.

I had an ugly case of facial erysipelas in a woman of about thirty-eight years. The usual remedies did no good. I thought that if Acetozone was the germ destroyer it was represented to be, it should be useful to me. So I made a solution of fifteen grains to two pints of water, and used it freely on the scalp. I obtained results at once, and in twenty-four hours the disease had abated.

J. KNOWLES, M. D., Logan, Iowa.

Dr. W. H. Morse reports (*Southern Clinic* for May) success in the use of Bromidia, which he says has proven corrective of iodism. Discussing his results he says: "Vomiting is so frequent and troublesome a symptom in many diseases, besides irritation and inflammation of the stomach, as to demand much practical attention from the physician. So, although the causes are so various, and although we are actually treating a symptom, for this symptom bromidia is remarkably effectual. We have all employed the remedy for colic and hysteria, two disorders where nausea and vomiting are as pronounced as they are persistent; and almost the first evidence of relief is shown by the disappearance of these disagreeable symptoms. It is quite as efficacious for the nausea and vomiting from ulcer or cancer of the stomach. There is nothing that will more quickly check the vomiting, and the hypnotic effect is quite in order.

COCA IN TYPHOID FEVER.—Our readers who are familiar with the therapeutic resources of Coca are aware of the many possibilities for its advantageous employment in the treatment of typhoid fever, not merely in convalescence, but throughout the course of the disease.

As a stimulant before the bath, we prefer to give a wineglassful of Vin Mariana in eight or ten ounces of water at from 65 to 75° F. Coca thus copiously diluted with water, augments the secretions and purifies the juices of the body, and also aids the liver, kidneys, and skin to eliminate the toxins to which the high temperature of typhoid is due. Besides promoting diuresis, coca prevents constipation, which is such an annoying symptom. When drinking is repugnant the remedy may be advantageously employed by enema, always with the full amount of water indicated.

When it is desired to strengthen the heart, a wineglassful of Vin Mariana may be given clear, without water, or if the mild alcoholic influence is not desired, give two teaspoonfuls of Vin Mariana in four

THE ONE REMEDY

which experience proves is
free from detrimental effects is

GRAY'S Glycerine TONIC Comp.

Try it in convalescence,
respiratory disorders, anaemia,
malnutrition, nervous exhaustion.

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A SYSTEMATIC TREATISE ON MATERIA MEDICA AND THERAPEUTICS

With reference to the Most Direct Action of Drugs, by

FINLEY ELLINGWOOD, M. D.

Professor Materia Medica and Therapeutics in Bennett Medical College, Chicago, Editor Chicago Medical Times. With a Consideration of Pharmacy and Pharmacognosy by

PROF. JOHN URI LLOYD

late President National Pharmaceutical Association, Professor of Chemistry and Pharmacy in Eclectic Medical Institute, Cincinnati, Ohio.

A FEW OF THE REMEDIES CONSIDERED IN THIS BOOK.

Bryonia, Rhus-Toxicodendron, Rhus-Aromatica, Belladonna, Baptisia, Gelsemium, Pulsatilla, Passiflora, Crataegus, Echinacea, Hyocymus, Corn Ergot, Corn Silk, Mistletoe, Xanthoxylum, Iberis Amara, Apocynum, Quebracho, Salix Nigra, Lippia Mexicana, Pichi, Jambul, Salix Alba, Cactus, Lycopus, Iris Versicolor, Podophyllum, Phytolacca, Strophanthus, Chelidonium, Chionanthus, Collinsonia, Red Onion, Polygonum, Epilobium, Geranium, Calendula, Thuja, Verbascum, Sarracenia, Staphysagria, Kava Kava, Saw Palmetto, Couch Grass, Capsella.

TESTIMONIALS.

PROF. H. W. FELTER, M. D., Cincinnati, Editor King's Revised Dispensatory: This work is not a rehash of old material, but a clear-cut, up-to-date work. It has many excellent features, and among others the subsections on Specific Symptomatology and Comparative Action of Drug Groups are conspicuous. The work, while largely devoid of unnecessary theory, teems with "the reason why" we give, or do not give certain drugs. Thus, under Gelsemium, he tells us that the remedy will control afterpains, but he also tells us why it is not a safe remedy therefor, on account of its tendency, through its relaxing power, to favor uterine hemorrhage. This is but an instance of the myriad of excellent points which he gives us. Eclectics throughout the country are to be congratulated that such an excellent, clean work, full to the covers of "Moderna Eclecticism," or the specific application of drugs, is now within their reach. We heartily indorse the work and feel grateful to Prof. Ellingwood for having added such a book to the already splendid resources of the Eclectic school.

W. B. KETCHUM, M. D., Editor Lincoln Medical Outlook, Lincoln, Neb.: From the standpoint of a pharmacist, as well as a physician, I am delighted with your new book, and regard it as probably the most complete work of its kind in America. The classifications are as they should be, regarding drugs that have special influence upon the different organs of the body. The article on medical electricity is clear and to the point, while the double index—one of Remedies, the other of Diseases—is especially valuable. It is such a book as *all schools of practice need*, and I feel that I will be doing our students a real service in drawing their attention to it.

PROF. A. L. CLARK, A. M., M. D., Dean of Bennett Medical College: *Dear Doctor Ellingwood*—The more I see of your book the more I am in favor of it. It is the most creditable work, with a possible single exception, that has ever been put out by an Eclectic, and I cannot tell you how desirous I am that its many excellencies shall be appreciated.

J. S. NIEDERKORN, M. D. Versailles, Ohio: *Dr. Finley Ellingwood, Chicago, Ill.*—Dear Doctor: Though a little late, I want to congratulate and thank you for producing for us such a grand work as "Ellingwood's Materia Medica." Of all the Materia Medicae at my command—and I have Scudder's, Locke's, Webster's, Potter's, Gould's, White's, Hale's, and several cyclopedias—Ellingwood's is the most often consulted, perhaps because it is the most thorough and practical work of the lot. It is the best work on Materia Medica I know of.

CHAS. J. POLLARD, M. D., Homoeopathist, Princeton, Ky.: *Finley Ellingwood, M. D.*—My Dear Doctor: I have been using your most valuable Materia Medica and Therapeutics daily for six months and would not be without it for ten times its value commercially.

THE MEDICAL SUMMARY, Philadelphia: This large handsome volume of over 700 pages presents many valuable features, but in this limited space we are obliged to avoid all detail description. Suffice to say that among the commendable characteristics is its original arrangement and the *exhaustive treatment of remedies comparatively unknown*. This work is worthy of the *highest commendations* which will undoubtedly be accorded it from all fair minded members of the entire medical profession. We commend this volume to all who desire one of the *very best, up-to-date works of the kind*.

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ounces of hot water. Coca is preferable to strychnine as a heart tonic and more desirable to use than digitalis. It acts as a food to the muscular tissue and at the same time has a purifying influence on the blood. In convalescence a wineglassful of Vin Mariana may well replace all spirituous stimulants, and will hasten recovery.—*The Coca Leaf*.

A PERFECTED FOOD.—In treating anaemia, is it not true that our first thought, and that to which our instinct should naturally lead us, is a normal blood standard? That there is a deficiency of iron in the blood in most forms of anaemia, is, of course, indisputable, and to endeavor to supply this lack by the administration of iron seems but a common sense procedure. This practice would be sufficient if anaemia were, in reality, nothing more than a condition of iron deficiency; but the profession realize now that the underlying causative factor is a disturbance of the process of nutrition and cell proliferation, and that iron poverty is but one manifestation of this disorder. Ample proof of this fact has been presented to every doctor when he has observed how anaemic conditions persist in spite of the long continued administration of the various preparations of iron. Here, then, iron preparations must be supplemented by such remedies, or by such a remedy as has the ability to awaken the depressed nutritive and cell proliferating process. To stimulate, tone up and supply perfect nutrition in all anaemic conditions, I have found Bovinine to meet every indication par excellence.—JOHN GRIGGS, M. D.

A SPLENDID MEDICAL AGENT.—The value of the ozoniferous oils, essences and ethers in the antiseptic treatment of disease, has been largely recognized and demonstrated through the extensive and successful employment of Listerine in surgery and in general medicine. Listerine is the trade name or descriptive word for the most successful formula of modern pharmacy, consequently it has been utilized most extensively by medical practitioners, and "improved upon" by nearly every manufacturing pharmacist in many retail drug establishments to an extent that does not apply to any other galenical preparation within or without the pharmacopeia. This tribute to the originality and value of Listerine is very flattering to its manufacturers, who continue to enjoy an uninterrupted increase in the output of their laboratories, and a constantly widening market, so that Listerine is known and procurable in any reputable pharmacy anywhere. It advertises itself by its own good qualities; indeed the manufacturers have long ago decided that the best advertisement of Listerine—is Listerine.—*The Western Druggist, October, 1904.*

Among the asinine regulations in regard to consumption, the latest is the Altoona, Penn., ordinance, forbidding barbers to shave consumptives.

UNDERWEAR PROTECTION.—Winter is here and with it the ever increasing dread of pneumonia. Some people fancy they can obtain safety in heavy woolen undergarments, unmindful of the fact that the very animal which produces (and wears) wool is a most prolific victim of pneumonia.

Wool is destined for outclothing, but impossible as undergarments. Slow of absorption, still slower of drying, unable to stand proper washing, irritating the skin, it is the cause of more sickness than is generally understood.

To wear wool next the skin is but an urgent invitation for colds and pneumonia to enter.

Underwear is often called "body linens." Linen absorbs—towels are made of it—it dries rapidly, is known for its cleanliness, but ordinarily it is cold and clammy.

In the Dr. Deimel Underwear the coldness has been taken out of the linen. By a skillful combination of flax with abassi, a soft, warm and porous linen has been evolved, called Linen Mesh (a word registered by Dr. Deimel, in 1894, but now used by others indiscriminately) which since its introduction ten years ago, has received the most friendly and grateful appreciation throughout the world.

All who are subject to colds or rheumatism, or threatened with bronchitis or pneumonia, will observe an immediate change for the better by adopting the Dr. Deimel Underwear.

Various preparations of Cod Liver Oil have appeared in the market during the past ten years, but for palatability and efficiency none of them has surpassed Hagee's Cordial of Cod Liver Oil Comp. This preparation has become a standard with many doctors all over the country, and the results achieved are most satisfactory. The freedom from grease and the fishy odor make it peculiarly acceptable to patients with weak stomachs.—*Southern Medicine and Surgery.*

TREATMENT OF INSOMNIA.—The treatment of insomnia is of vital importance to the medical profession. A normal nutrition must be secured, while the mistake of over-feeding should be avoided. No combination of drugs so well deserves the name of sedation and hypnotic as the concentrated tincture of the may-pap. A few doses equalize the circulation and induce tranquility of the nervous system, causing rest from mental irritation of any character. Daniel's Conoc. Tinct. *Passiflora Incarnata* is superior to other preparations on the market; that is, the results obtained from its use are readier and more lasting. As a calmate it gives rest from exhaustion, and produces healthful sleep.



Vol. LXV.

CINCINNATI, FEBRUARY, 1905.

No. 2.

ORIGINAL COMMUNICATIONS.

STRICTURE OF THE OESOPHAGUS.

By Q. Robert Hauss, M. D., Sellersburg, Ind.

In recalling cases out of the ordinary I have been called upon to treat, I remember one that impressed me in a special way, and I report it for the benefit of those who may be unfortunate enough to have a similar one to deal with. The case was one of stricture of the esophagus. Fortunately this is a comparatively rare condition, though a most distressing one.

The patient was a man thirty-seven years old, and a cooper by trade. No direct history of venereal taint was obtainable, but nevertheless suspected on account of family characteristics. I had frequently prescribed for patient prior to the esophageal stricture for lymphatic and inflammatory involvements of the neck and throat, and a few months before the stricture developed he experienced an attack of typhoid fever.

The ingestion of corrosive fluids which is frequently an etiological factor in esophageal stricture was eliminated from the diagnosis. A tubercular state may have been a factor. Evidences of a slight ulceration incident to the attack of fever, had manifested itself, and it is possible that a subacute esophagitis may have hastened the lesion.

The poor fellow at first had some trouble in swallowing solid food, which difficulty increased from day to day, until he found it necessary to decrease the size of the boluses.

He would place his hand over the sternum and refer to it as

being the seat of the trouble. After awhile, swallowing solids without the use of fluids to facilitate deglutition was impossible. It was not long until even thin broths and liquid foods of any kind were swallowed with as much difficulty as solids, and the gradual inability to swallow anything at all was attended by a deficient nutrition and rapid emaciation.



His appearance at this time was pitiful in the extreme. Never will I forget the expression of longing as he would rivet his staring eyes on a glass of water, or a morsel of food, with body bent forward, and clenched hands. I made a special effort to keep the esophagus dilated with the esophageal bougies, but to no purpose, so far as enabling him to swallow was concerned. I did succeed in dilating sufficiently to favor the introduction of a stomach tube, through which I fed him as long as dilatation was possible.

To introduce the bougie the patient was placed in an ordinary chair as long as he was able to sit up. Standing behind him, with his head thrown back, I used my left hand as a guide for the bougie by placing the middle fingers over and parallel with his mouth. The bougie having been warmed and lubricated, was passed between the fingers and introduced perpendicularly.

In using a bougie care must be taken not to force it down, but allow it to drop into the cavity by reason of its own weight. When I had occasion to use the bougie I introduced the instrument over the middle portion of the pharyngeal wall, and over the center of the epiglottis. I note that this method, although recommended by text-books, is criticised by Sajous, and I sustain his criticism by my experience in this case.

Penetrating the esophageal canal by passing into the pyriform sinus on either side of the larynx, instead of over the larynx, avoids contact with the bodies of the cervical vertebrae or the cricoid cartilage.

Necessarily esophageal alimentation becomes impossible sooner or later, and rectal feeding and gastrotomy are to be considered; but in this case the etiological factor on which my diagnosis was based, and the cicatricial stenosis caused me to refrain from inaugurating these measures and death from exhaustion soon terminated a case that was harrowing in the extreme. The accompanying cut. illustrates the extreme contraction present. It was difficult to pass the small rod visible in the illustration.

SMALL-POX.

By Chas. J. Hemminger, M. D., Rockwood, Pa.

Small-pox (variola) is an acute, very infectious disease, met all over the globe in every clime. Characterized by sudden onset of high fever, followed in a few days by eruptions, which form macules, pustules, and vesicles.

The history of small-pox dates back to the earliest records of the world.

It is the earliest exanthemata recorded; the confusion caused by not having a definite conception of the disease led to dire pestilences; descriptions appear in Biblical times which refer to an exanthemata identical to present confluent and hemorrhagic variola. Clinical medical historians describe eruptions which compare favorably with the present divisions of the disease.

Some historians contend that the pestilences of Rome were small-pox, other eminent men denying it.

The first classic description of small-pox was written by Rhazes 910 B. C., a Roman medical writer describing the disease and its ravages in the Roman Empire. Small-pox was introduced into America in 1517, by the Spanish explorers.

The effect on the new race, ignorant of the manifestations, extinguished many tribes in the Antilles and Southern States.

History records that three and one-half million Aztecs fell victims to the ravages of the disease; hence small-pox was really the conqueror of Montezuma instead of Cortes' soldiers.

In 1707 the pestilence broke out in Iceland, destroying 16,000.

In earlier times measles, scarlatina, chicken-pox, and small-pox were not differentiated, and from the gleanings of historic literature the differentiating lines were gradually brought to the present classification.

At the beginning of the eighteenth century Sydenham, a noted English clinician, offered the following classifications which must be accepted until improved upon:

1. *Purpura variolosa* (black small-pox).
2. *Variola vera*.
 - c. *Variola confluens*.
 - d. *Variola descreta*.
 - e. *Varioloid*.

Small-pox of the last century, as a rule, was of the milder varieties, while in ancient times the hemorrhagic varieties predominated.

Evidently the mildness of the present-day variola is due to the strenuous isolation, vaccination, and disinfection measures employed to stamp out the disease.

The course of small-pox assumes five different stages, viz: 1, Incubation; 2, Initial stage; 3, Maturation; 4, Desiccation; 5, Restoration.

The period of incubation varies from nine to thirteen days, depending on the virulency of the poison and idiosyncrasy of the patient. Apparently there are no manifest symptoms of the poison until the sudden onset.

In the majority of cases the incubation is very mild, but those are not to be trusted; for many times the mild incubation portends a severe hemorrhagic form. The incubation is usually ushered in by a violent chill, dizziness, soreness, extreme pain in the dorsal and sacral regions, increase in temperature, pulse in proportion, and soreness and pain in the entire body. In about 30 per cent. the severe pain in the back does not materialize; severe headache and violent vomiting occurs and has been mistaken for the ingestion of toxic substances. Epistaxis is common. In females menstruation is established between the periods. The temperature wave is gradual from the first day of 100 to 102 to 103 to 106 on the third day, when the eruption appears, and the temperature suddenly declines, unless complications occur.

Respiration increases and the pulse increases in ratio with the temperature. Many times delirium occurs about the third orrhetic forms abumin is found in the urine. Other forms do not have the albumin.

day. Convulsions usher in the disease in children. In the hem-

During the second day, and in the milder forms, the first symptom is a rash, usually confined to the forehead and inner surfaces of the arms and thighs. Here is where the other

eruptive diseases are confused with variola and needs time to determine, and what seems but a mild manifestation later develops the most fatal type. The eruptive state usually appears on the fourth day, depending on the virulence of the infection, idiosyncrasy and age of the patient. On the complete appearance of the eruption the temperature becomes normal, which is not characteristic of any other exanthemata, and is of diagnostic importance.

The eruption resembles a millet seed in size, accompanied by a slight itching and burning. Very soon they become indurated and to the touch resemble duck shot under the skin.

The face and affected parts acquire an erysipelatous redness with great edema.

The papules develop a glisteny whiteness at their summit, filled with serum which afterwards changes to pus.

Another characteristic of the eruption is, when punctured only a part empties, as it consists of divisions, and must be pricked several times before emptied. The eruptions develop an umbilicated appearance on the second or third day of the eruption and seventh day of the disease. The buccal, nasal, and all the contiguous mucous membranes are affected similar to the skin eruption.

The eruption appears last on the palms of the hands and soles of the feet.

On the sixth day of the eruption and tenth day of the disease the third stage begins. The umbilicated vesicles are filled now with a creamy pus-like substance, are raised and their walls tensely stretched until they rupture and form crusts. Here is what is termed the fourth stage, or stage of desiccation begins. These crusts are firmly adherent at first, but gradually loosen and drop off in sections, leaving a bluish red hue, showing the indentations. This desquamation requires from one to two weeks. At this stage boils, abscesses and bulbous formations appear on the different parts of the body.

In the confluent form the symptoms of the discrete form are aggravated. Accompanying the second stage is a secondary fever due to the absorption of the toxins of the variola poison.

Photophobia is extreme. The mucous membrane symptoms are typical in children, causing extreme edema, and death by inanition.

The face and neck become an entire matted appearance in the confluent form. Many times the body likewise. In this



CONFLUENT SMALL-POX: EARLY PUSTULAR STAGE.

Reduced from engraving in Corlett's work on Small-Pox, by kind permission of the author, Wm. T. Corlett, and the publishers, F. A. Davis Co., Philadelphia.

stage, if survived, the pustules break and emit a very nauseating and offensive smell.

When the scabs come off the head and face they take the hair with them. When the edema leaves the eyes sometimes the nails



VARIOLA: Confluent on face, semiconfluent and discrete on other parts of the body. Mucous membranes of mouth and throat covered with well formed pustules,

come off, sometimes adynamia, secondary fever, occurs and causes death.

Eye complications, as iritis and conjunctivitis, are common in the confluent form.

Confluent cases show great involvement of the trachea, laryn-

geal, infiltrated areas, often times blackened. Drunkards, lying-in women, and hemorrhagic diathesis, predispose to the hemorrhagic forms of the disease. The temperature in this form seldom exceeds 102, while the pulse is apparently normal. The aching in the back increases, vomiting continues, and becomes very straining, ejecting bile and blood.

The eruption, if it appears at all, forms maculae infiltrated with dark blood; small at first and increasing in size to a dollar.

The cornea becomes red and bloodshot and is a symptom of danger, foreboding a rapidly fatal case.

Excessive and persistent bleeding of the nose is also a signal of peril.

In the severe forms blood is vomited and passed by the bowels. In this form the mind remains clear until within a few minutes of the dissolution. It is the exception for any one to recover in this type.

The hemorrhagic pustulosa form is practically a repetition of the hemorrhagic form, except the slowness of the development of the succeeding stages. The virulence of the disease varies with the different epidemics. A very small percentage are naturally immune to the disease without vaccination. Which is also true of the other exanthemata.

Variola poison is similar in all cases, even in varioloid, and the most virulent cases may develop from exposure to the mildest case. The mildness of the present epidemics is the result of general vaccination. Vaccination causes immunity for variable lengths of time, from four to six years. It is possible to have varioloid without eruption. In my experience I have seen two such cases, while eminent authors have seen many.

Cases are on record where women had severe pain in the back with headache, temperature and chills close to the end of pregnancy without eruption, but later the fetus was delivered, covered with the variola eruption. One such case occurred here during the epidemic of 1902.

Secondary fever does not occur in varioloid, and we differentiate varioloid from the other exanthemata by the deep-seated nature of the eruption.

A whitish cicatrix follows where the eruption is deep, caused by a loss of the papillary layer of the derma.

Keratitis is met in 20 per cent. of the cases. All the different organs of the body are affected with complications in variola. The histological manifestations are not distinct but overlap

each other as it were. In some parts of the body we have the papule while in other parts we have the papules and vesicles. The lesion is located in the stratum mucosum. The cell proliferation develops both vertically and parallel; but most rapidly parallel, when the edema is localized therein. The beginning is when the slot-like hardness appears.

On microscopical examination the pock shows compartments which are usually connected by channels. This distinguishes the variola from the varicella form, as the varicella eruption has but one compartment. The contents of the pock at first is serum followed by cells, then pus. The umbilication is likely caused by unequal degeneration of the pock. The contagion has not been isolated nor has any bacteria been clothed with the honor of producing the contagious poison.

The mucous membranes suffer, especially in the hemorrhagic form; eruptions have been found as low as the bifurcation of the bronchi. Ecchymosis and infiltration occur all through the alimentary canal. The visceral changes are a swelling of the liver and kidneys, with ecchymosis. The pathological difference between the purperic and hemorrhagic variety is one of degree. The bloody infiltration is due to acute hemophilia from the blood channels. The active cause of small-pox is unknown. It has variously been termed effluvia, fomites, bacteria, and what not, but the prime cause remains to be solved.

Winter is the best time for its existence, losing its activity as hot weather approaches. Formerly children were most affected, rendering the adult immune.

Since the advent of vaccination the sporadic appearance of the disease is very much more common than the epidemic form. A greater per cent. of adults are affected in later times because of their neglect of vaccination.

Infection can occur at a distance; the poison can be carried by winds, clothes, books, etc. The usual mode of infection is from person to person. Where debris and dust are allowed to collect prevailing winds carry the disease.

The diagnosis of small-pox is comparatively easy when the disease prevails in a community. Isolated cases are very difficult to determine, especially in the milder forms. Even after a diagnosis is made it is an unfortunate fact that too tender regard for the patient and his immediate family prevents the practitioner from doing his duty in reporting the case. Never neglect to report at once and save criticism afterwards. Typhoid

fever is of a long prodromal stage, but has absence of the back lesion and temperature curve.

Meningitis has band-like pain around the head. The measles eruption is soft, flat, and velvety to the touch, while the papules of small-pox are indurated; small, imbedded, indurated like duck shot under the skin. The catarrhal symptoms of measles are absent. The strawberry tongue, involvement of the lymphatics, rapid pulse, high pulse in ratio to the temperature, age of patient, and punctiform eruptions are discriminating points between scarlet fever and variola.

In varicella we have the multiform lesion of macules, vesicles, and pustules mixed, while in small-pox the stages are more marked.

The initial stage is mild, the eruption lacks induration. When the eruption is pricked the contents flow freely, while in small-pox the pustule must be punctured several times. Age here is a potent factor, varicella seldom occurring in adults.

Varicella eruptions occur on the back and abdomen, while the variola eruption seeks the exposed parts. Varicella lacks the shock and prostration.

Syphilitic eruptions sometimes confound the physician, but a close history of the eruptions, fever, etc., avoids this confusion.

When having a doubtful case, take the precautions necessary for a small-pox case and prevent subsequent trouble. Impetigo with its complications has been troublesome, but lack of chill and pain in the back will exclude it also. The termination or the prognosis in prevaccination days was the darkest of the scourge-swept countries, sweeping a large percentage of the population before it. As late as 1887, Durnarnez, a city in Spain, lost 2,600 out of a total of 10,000 inhabitants. Here vaccination was not practiced.

When vaccination was not practiced, epidemics resulted in fifty to sixty per cent. of deaths. Alcoholics rarely recover; women are made susceptible to hemorrhagic forms due to pregnancy. The mortality varies greatly in various epidemics. Bad hygiene courts fatality. The mild epidemics for the last half century yield a mortality from one to two per cent.

When the eruption assumes a dark dusky color, it will be hemorrhagic and fatal.

Varioloid is not fatal, and death occurring from it is the result of complications. The treatment consists of the pre-

vention of the spread of the disease, and the treatment of the patient.

The very first thing to do when a case of variola occurs, report to the health officer; if none, investigate and determine who the proper authorities are to act, which are different in towns, townships and cities. Establish strict public quarantine.

Patient should be removed to the pest house or isolated in a tent in warm weather, or an improvised building, at once. If not possible to do that, place patient in the farthest place from the family in upper room. Secure a competent attendant if possible. Remove from the room everything not absolutely needed. Place a sheet across the door saturated with a five per cent. solution of carbolic acid, or any of the standard antiseptics. Vaccinate all persons exposed regardless of previous vaccination. All children should be vaccinated when three months old and subsequently at each epidemic. Then again at puberty. Vaccination is the Goliath preventing the spread of the disease, and has saved many millions of lives, and it seems almost incredible that we have otherwise able practitioners who oppose it. That susceptibility occurs after a lapse of time is not denied. The failures to protect are due to spurious vaccination.

The practical results of vaccination are attested to by leading physicians of the world, and many famous commissions appointed by various governments for investigation. It is the peremptory duty of every medical school to vaccinate every matriculate, and impart to him the importance of it. Many physicians, as well as myself, have gone about variola in many epidemics, having no protection but vaccination. Vaccination should be compulsory here as in Germany. Smallpox there is so rare that pest houses, even in the large cities, are gone.

Disinfection ranks next to vaccination in importance. During the life of the patient disinfect all discharges with sublimate solution, 1 to 5,000, carbolic acid 1 to 20, or chlorinated lime solution and remove at once. In small towns and country districts bury the discharge. Disinfect all clothing with ten per cent. formaldehyde, then boil.

When the patient leaves the room, burn the mattress and bed clothing not readily washed. Give the patient a complete bath in five per cent. formaldehyde solution, remove him to an adjoining room, give him another bath, and then give him clean clothing. In case of death, wrap the corpse in sheets wrung out of corrosive sublimate solution 1 to 2,000. In either recovery

or death spray the walls, ceiling and furniture with a twenty per cent. solution of formaldehyde, followed by closing all the openings and burning the full strength liquid formaldehyde, two ounces to every 600 cubic feet. This vapor will clear up anything that the spray has not done.

The attending physician wears a gown, gloves and cap (rubber preferable). Spray the suit before entering and when coming out with a five per cent. formaldehyde solution or corrosive sublimate, 1 to 5,000.

It is extremely important that any one exposed to variola avoid all intoxicants, as this more than any other fact assures fatal result.

The internal treatment is symptomatic; the mild forms needing scarcely any treatment, while the malignant forms need very vigorous treatment.

There is no accepted method of aborting the disease, and after the first stage begins there is nothing to be gained by vaccination, and I have seen some cases that were aggravated thereby. Put all cases to bed in a room by themselves, and insist on them keeping in bed.

Give them light nutritious diet, avoid all meats, pastries, etc.

In very mild cases, it is very important that patients keep in to prevent infection of others. Give aconite for the small, frequent pulse. Gelsemium for the flushed face, bright eyes, chilliness along the spine, and general headache. Belladonna for the dullness, hebetude, capillary congestion. Sulphurous acid has been an epidemic remedy here, with the beefy slick tongue. Echinacea seems to have considerable control of the septic condition. Sulphite of soda, when the tongue is coated heavily with bad taste, the salines largely diluted in constipation, and Bismuth subnitrate in diarrhoea. Baths assist in the cleaning, and are refreshing to the patient. In case of prostration aromatic spirits of ammonia. Eggnog is indicated, and if soreness of chest occurs with cough, carbonate of ammonia and bryonia are indicated.

Tincture of iron is indicated by the deep red tongue, lowered papillæ and similar mucous membrane symptoms in the throat. Dose, ten to fifteen drops every three hours.

The throat and nose can be kept clean with five to eight per cent. solution of peroxide, or with twenty per cent. glyco-thymoline. Bathe the eyes with witch hazel; use vaseline on the edges of the lids to prevent agglutination.

In mild cases very little, if any, local treatment for the eyes

is needed; but in the confluent forms the judicious local treatment is grateful to the patient and satisfactory to the attending physician. To allay the itching and burning two to three per cent. carbolized solution is soothing to the face. Masks are often times worn to the inner side of which a paste is applied. The most satisfactory in our hands has been, boric acid 1 oz., salicylic acid $\frac{1}{2}$ oz., glycerine $1\frac{1}{2}$ oz.

Light must be excluded, especially the actinic rays, which can be done by using heavy red cloth on the windows.

The chemical rays thus produced are conducive of good results. In cases where desiccation is painful the crusts can be loosened by spraying the body, when it is sure you are going to have the confluent form; clip the hair and beard short to assist desiccation.

Employ professional, experienced nurses when possible, as often the thread of life is lost by lack of nursing. When very large pocks appear lance and drain. If abscesses form, incise, drain and irrigate with five per cent. solution of aseptin. With children, if they scratch too much, put light soft gloves on them. The red light treatment is claimed to modify the disease. I have not had any special experience with it, but will give it a fair trial when opportunity offers, not, however, neglecting the treatment outlined. Quarantine can be raised eighteen days following the recovery of a case.

The laws in the various States compelling school children to be vaccinated, should be strenuously enforced, and many future epidemics prevented.

PNEUMONITIS.*

By W. K. Mock, M. D., Cleveland, O.

Pneumonitis is also known as croupous pneumonia, fibrinous pneumonia, lobar pneumonia, and lung fever. There is a great diversity of opinion as to the best method of treating this common infectious disease. All medical men agreeing, however, that the treatment of lobar pneumonia is a law unto itself. Thus it is plain to be seen then that specific medication offers the most rational treatment for this dreaded disease.

If we could prevent the pneumococci from getting into the parenchyma of the lungs we would not have pneumonia. But at present there is no known way to prevent this. So we have

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to be content in our endeavor to prevent this disease by considering and endeavoring, so far as possible, to prevent the causes which are favorable to the viability of the diplococcus lanceolatus. Chief among these is the exposure to drafts, cold, and wet, traumatism, alcoholism, or anything producing general depression of the system. How often have we seen a laborer, for instance, whose clothes have become drenched with rain and allowed to dry without changing, in twenty-four hours suffering with pneumonia. We are told that in the healthy state one person out of five has this specific organism in the mouth and upper respiratory passages. So the preventive measures are, in so far as possible, to avoid anything which has a tendency to lower the vitality, viz.: drafts, colds, etc.

In the general management of this disease a well ventilated apartment is of great importance. It should be so situated as to admit sunlight and a temperature of about 70 degrees Fahrenheit maintained, and plenty of fresh air. The bed should be so placed that it can be approached from either side, and the bedding changed every twenty-four hours. The abominable feather-bed discarded. The sputum should be deposited in cloths or spit-cups and burned or disinfected. The mouth should be cleansed at frequent intervals with some antiseptic solution. Should the tongue become dry, apply lemon and glycerin. The diet should be liquid and nourishing, milk, albumin water with lemon, meat broths and juices, gruel, etc.

It is impossible to cure all case of pneumonitis. The disease plays havoc with the poorer element of our cities and especially the alcoholics. Lobar pneumonia, as we have seen, is an infectious disease. The pneumococcus through its rapid development in the alveoli produces toxins, which with the pneumococcus enter the blood. Owing to this systematic infection there is a blood reaction in the form of leucocytosis. This, however, is not invariable. A slight leucocytosis being indicative of a mild type, a free leucocytosis being indicative of a severe type, and an absence of leucocytosis denotes usually a fatal termination.

The pulmonic lesion is divided into three stages, viz.: congestion, consolidation, and resolution. The demarcation of the different stages, however, is not always distinct, and the symptoms and treatment will vary as the disease progresses. To a certain extent there is a parallelism between lobar pneumonia and diphtheria. Laboratory efforts have given us a

remedy in anti-diphtheritic serum, the merits of which are well known, but not so with lobar pneumonia, for up to the present time anti-pneumococci serum is not a brilliant success.

Usually the chill has passed before the physician sees the case and he is confronted with the stage of congestion or engorgement. The small frequent pulse with high temperature, *sp. aconite* should be given; the full bounding pulse with high temperature, *sp. veratrum*, and they should be given in sufficient doses until the temperature and pulse-rate are lowered. The patient has dyspnea and a good hot poultice will feel comfortable and help the patient to breathe easier. If there is pleuritic pain, and there usually is, *libradol* should be applied instead of the poultice for six to twelve hours and *sp. bryonia* added to the *aconite* or *veratrum*, and diaphoretic powder in 5 gr. doses every two to six hours, will usually bring relief.

After two or three days the second stage develops, that of consolidation or red hepatization. In this stage the alveoli, atria and alveolar ducts are filled with erythrocytes, leucocytes, detached epithelium, fibrin, bacteria and its products. The entire system now shows evidence of toxemia from the infection, while the urinary toxicity is very low from the retention of urea and the chlorides.

The plan of treatment is now plain; the restoration of the pulmonic tissue and the elimination and combatting of the infection. In *sp. bryonia* we have an excellent remedy for the restoration of inflammatory pulmonic membranes, mucous and serous, and is always indicated throughout the course of pneumonitis. *Bryonia* has a synergist in *sp. asclepias* and the symptoms indicating it are similar to those for which *bryonia* is given, viz.: painful cough and respiration and scanty expectoration; and at the same time its sudorific properties give us in it a valuable eliminant. For the toxemia the administration of acids, soda sulphite, *baptisia*, etc., according to the indication. The patient tires of the poultice after two or three days and it should be replaced with the cotton jacket. Frequently the application once or twice daily of the following lotion, viz.: coal oil, turpentine and olive oil, of each one ounce, to which is added gum camphor one ounce, will be of benefit. The temperature is to be controlled by systematic sponging.

This stage runs a course of abatement and exacerbation for from five to ten days, when all at once, probably during a

night, the temperature falls to normal or below, the pulse becomes weak, excessive perspiration, and cold extremities make up the so-called crisis and mark the beginning of restoration or gray hepatization. There is usually now an increase in the excretion of urea, *and always an increase in the chlorides*. The nurse must be on the alert for this sudden change and with approaching symptoms hot-water bottles should be applied and strychnia administered. Should there be a small pulse with weak heart sounds, infusion of digitalis should be given in dram doses hourly until there is a better circulation.

During the stage of resolution a carefully arranged regimen, and syrup of lactophosphate of lime or some of the bitter tonics should be prescribed.

Now if all cases of pneumonitis had such a stereotyped course as above described the management and treatment would be easy, but unfortunately this is not the case, for the complications are numerous. Resolution may be delayed and defervescence end by lysis instead of by crisis. The delay may result in chronic interstitial pneumonia, abscess, gangrene, or pulmonary tuberculosis.

Nervousness may be encountered which will require *sp. gelsemium*, *rhus*, *belladonna*, or *hyoscyamus*, and the ice-cap to the head.

Herpes may be troublesome which usually subsides on the application of camphor-ice or alum.

Pleurisy is a frequent complication, and may require, besides *bryonia*, diaphoretic powder or morphia. Should effusion occur and not be controlled by *apocynum*, aspiration or thoracotomy will probably be necessary.

Endocarditis may require the administration of *sp. cactus*, *convallaria* or *digitalis*.

Phlegmasia alba dolens is a very rare complication, usually affecting the left leg. The limb should be elevated and entirely enveloped in a flax-seed-meal poultice, kept warm with hot-water bottles, and changed every three hours, or swathed in cloths saturated with a lotion of lead and opium, bound on snugly with a bandage and kept warm. Internally *sp. hamamelis* with the tonics should be given. This is usually a lingering complication and compels the patient to remain in bed for weeks. Such a complicated case just dismissed has been under treatment for three months, and was told to continue wearing an elastic stocking for at least two months.

Lobar pneumonia may be complicated with other inflamma-

tory conditions of the lungs, as streptococci or staphylococci pneumonia, lobular pneumonia, pneumonia from inhaling irritants, etc. Recently a baby twelve months old tumbled head first into a bucket of dirty soap-suds water, and after heroic efforts it was resuscitated, but died four days later of pneumonia. The whole right lung and the lower lobe of the left lung were involved, and characteristic rales were distinctly heard three hours after the accident.

The following case may be of interest: Mr. B., age 55, white, nativity U. S., occupation foreman in a cooperage, habits good, general condition somewhat emaciated. The present is the first illness he ever had. While at work on November 8th, was taken with a hard chill and felt a severe pain in the left side below the diaphragm and had some difficulty in breathing. He at once went home and to his bed and the usual domestic remedies were applied.

November 9th, a physician was called and he was told he had a severe cold.

November 11th, saw the case at 2 P. M. Inspection showed the respiratory movements of the left side slightly lessened and the rate 32 per minute. Increased vocal fremitus over lower back portion. Crepitant rales were heard over back part of lower lobe. There was slight dullness on percussion over the same region. Temperature 103 degrees; pulse 104, full and bounding; pain on left side below the diaphragm severe on deep inspiration; tongue furred; cough excessive; sputum glairy, tenacious and specked with blood; herpes on the left side of the nose and mouth; skin hot and dry. Diagnosis, pneumonitis of the left lower lobe.

After giving direction for comfort, light and temperature of the room, prescribed the following: *Sp. veratrum*, sp. *bryonia*, aa.gtt. 10; *sp. asclepias* dram 1; *aqua pura*, ounces 4. Sig. teaspoonful every hour. Over seat of pain, cataplasia of libradol.

November 12th, morning temperature 103, pulse 105, respiration 32. Evening temperature 103, pulse 108, respiration 32. Cough excessive, pleuritic pain severe, delirious at times. As adjuncts to the above treatment 5 grs. of diaphoretic powder were given every six hours, and cold applications to the head. An examination of the sputum showed the presence of *diplococcus lanceolatus*. Analysis of the urine showed the following result. A daily record was kept for the following ten successive days.

The above pathognomonic symptoms were followed during the night by pseudo-crisis, and on the morning of November 13, the temperature was 98 1-5, pulse 83, respiration 24, the pain not so severe, cough excessive and sputum turning to a brownish red, and there was excessive perspiration during the night. Pulse somewhat enfeebled and second pulmonic sound of heart weak. Prescribed sp. bryonia, gtt. 10; sp. asclepias, dram 1; aqua pura, q. s. ounces 4. Sig. teaspoonful every hour and 1-60 gr. of strychnine every 6 hours. The libradol was replaced with the compound emetic powder. During the day precritical pyrexia presented and by night the temperature was 102, pulse 94, respiration 28. The strychnine was discontinued and sponging the patient every hour ordered. Next morning, November 14, temperature 103, pulse 98, respiration 32. Patient had one bowel movement. Orders of previous day continued. Evening temperature 102, pulse 98, respiration 28. Nurse was warned to be on the lookout for the crisis and should it appear to administer the strychnine again and apply hot applications. During the following night the crisis occurred on the seventh of the disease and two days after the pseudo-crisis.

November 15, morning temperature 97 3-5, pulse 83, respiration 26. The patient was bathed in cold perspiration, and orders given to change the clothing every few hours and apply dry heat. The liquid medicine was continued every two hours and strychnine every four hours. During the day post-critical pyrexia appeared and the evening temperature was 100, pulse 78, respiration 28. Strychnine again discontinued and hourly sponging unless sleeping.

November 16, temperature 100 1-5, pulse 85, respiration 28. Orders of the previous day continued except the compound emetic powder replaced with the cotton jacket. Evening temperature 100 2-5, pulse 72, respiration 28. One bowel movement during the day.

November 17, temperature 97 2-5, pulse 68, respiration 24. Second pulmonic sound slightly weakened. The dullness of red hepatization is giving away to gray hepatization and subcrepitant rales is again heard over the back part of the lower left lobe and more broncho-vesicular breathing. Prescribed, infusion of digitalis ounce 1; sp. bryonia, gtt. 10; syrup of lactophosphate of lime, q. s. ounces 4. Sig. teaspoonful every two hours during waking hours. Strychnine gr. 1-60 every 6 hours. Evening temperature 98 1-5, pulse 62, respiration 24.

November 18, morning temperature 98 1-5, pulse 58, respiration 20, and from this on recovery was uneventful.

In this case the following symptoms were marked: the pseudo-crisis which occurred on the fifth day and was immediately followed by precritical pyrexia which continued 48 hours; then followed the crisis and afterward a postcritical pyrexia lasting 48 hours, after which the temperature remained normal or below.

The urine contained albumin for the first seven days, and there was also indicanuria during the same period. The chlorides were present in small amount from the first and began to increase on the third day after the crisis. (In another case of double pneumonia in a child 2 1-2 years, treated at the same time, the chlorides were absent until 24 hours after the crisis when the amount was 2 per cent.) Uric acid crystals were found on the fifth day, and for the ten days following. Granular casts and pus cells were present on the fifth and sixth days.

SURGICAL SHOCK.

By O. A. Palmer, M. D., Cleveland, O.

In considering this subject, I am fully aware that I am on disputed ground, and this very fact prompts me to more carefully consider and more fully discuss the matter in hand, in order to learn, if possible, what it is, and its mode of operation. As investigators and surgeons are not certain what takes place in the system, we have only its results which we feel sure are very unsatisfactory intruders on our well planned surgical field.

I am told that the word shock, in a surgical way, is from a Saxon word meaning to shake. It would seem to be fitting to consider all the causes that come with the meaning of the word. Webster defines shake as follows: "To cause to move with quick vibrations; to move rapidly one way and another, to agitate, to throw down, by a violent motion. Concussion." Any cause or causes that could produce any one of the above conditions, would produce that thrilling impression on the operator, and devitalizing and very dangerous condition on the patient. This all operators would be anxious to avoid.

To get the results squarely before us, I borrow from a standard author the following description of a patient in a shock: "The vital powers are profoundly prostrated. The patient lies perfectly still upon his back, too weak to move and almost too

weak to breathe. The pulse is feeble, quick, irregular, or absent; the sounds of the heart are indistinct or perhaps inaudible. The inspiration is faint, sighing and slow. The features are pinched and shrunken, the lips pale and livid, the eyes dull and shrunken, and often turned upward, the pupils dilated and sluggish; the skin is pale, cold and clammy, the sweating is at times profuse; the extremities are cold, and nails purplish. The temperature falls in proportion to the severity of the shock, the depression sometimes exceeding two degrees. Except in the most unfavorable cases, or in those complicated with injuries of the head, the intellect is usually clear and unimpaired. There may be vomiting, which is a sign of reaction, or hiccough. The sphincters may be relaxed."

A natural query would be, what change has the system undergone, and what parts of it are most affected? In a general way all admit that the entire body has been badly injured; every function is more or less enfeebled; some more than others. Shock is not followed always by the same set of symptoms. There are such a variety, that it is often impossible to determine with what the patient is really suffering. Every symptom found in a case of shock is found also in other diseased changes, so that to diagnose the true condition is not always easy even to an expert.

Were I asked, what is shock? my reply would be: It is a depressing impression on the body, both local and general, with or without a reaction, the result of mental or physical violence. In shock we have a tendency to a prompt and complete reaction, while in collapse there is no such tendency. In shock, if the temperature does not come up soon and the circulation increases its activity, it is well to conclude that it is a serious case, and relief must come soon, or a fatal collapse will follow. The seriousness of the shock varies much, owing to the mental and physical condition of the patient at the time of the operation, and the previous habits of the individual. Men suffer more from shock than women.

From the above statements, we draw the inference that a more accurate knowledge of the pathology of shock is needed. Paresis of the vaso-motor system has always been considered the cause of it, and this idea is taught and generally accepted to-day. Dr. Goetz, of Strasbourg, was the first to advance and support this theory. His experiments were largely upon frogs, and were not very carefully carried on. Dr. Moullin, of England, and Dr. Brunton, of America, say of these experiments: "The pa-

thology of shock is not exactly ascertained. Dr. Goetz hung frogs up by the head, and hit them on the stomach a severe blow, and found that the circulation and temperature would change, if the frog did not immediately die. Dr. Goetz's experiments upon frogs are not identical with the results of surgical operations, nor the greater part of the causes of shock. If a human being were hit upon the stomach, paralysis of the solar plexus and the sympathetic nervous system would follow immediately, and no change of the circulation or temperature would take place. If the doctor had injured the limbs of the frog or body, and watched the result, he would certainly expect all parts becoming affected as a direct result of the injury, to be irritated. I believe that the symptoms of shock do not bear out the theory of vaso-motor paresis, but, on the other hand, are what naturally result from a disturbance of the sympathetic system of nerves. I feel certain that if in any operation I irritate or injure to any extent the sympathetic system, the skin will take on a livid pallor, the pulse will become rapid and weak, the nails purple, the lips blue, respiration irregular and pupils dilated. The perspiration will become more or less profuse. The secretion of urine will decrease; there will be more or less increase of the intestinal peristalsis, with a relaxation of the sphincters.

Pratt, in his investigations, has fully taught us how this comes about. Any irritation or injury of this great vitalizing system, always produces the above results and never anything else. Vaso-motor paralysis does not make the skin take on a pale condition, but a flushed or red appearance. Every experimenter knows that if the nerve supply to a rabbit's ear is severed, it very soon becomes flushed with arterial blood. If the vaso-motor nerves are really paralyzed, then the parts should be flushed and never pale. Dr. Goetz found the abdominal blood-vessels greatly dilated, and thought that to be a reason that there was a vaso-motor paresis. The very opposite is the condition, as shown above.

The purple appearance of the lips and blue finger nails show that the capillaries and veins of those parts, and probably of the whole body, are distended with blood. This condition is always seen in shock uncomplicated by hemorrhage. In shock the secretion of urine is diminished and sometimes suppressed. It must be remembered that the secretion from the kidneys depends entirely upon the vascular condition, as the kidneys have no secreting nerve. Polyuria would occur, if there were paresis

of the vaso-motor nerves. Without a doubt the blood-vessels contract and cause the suppression. The pulse is rapid and feeble, and the arterial pressure low.

We have, therefore, but to remember that the sympathetic system presides over involuntary muscular fibres, and furnishes the necessary amount of force to run the circulation. This condition of the circulation and slow respiration are what prevents oxygenation, and as a result we have the lowered temperature, which, Dr. Morton, of Philadelphia, says, "is the index-symptom of shock." As the sympathetic nerve-fibres preside over the sweat glands, it can be readily seen why there is generally excessive perspiration. In shock we have also increased intestinal peristalsis, and relaxation of the sphincters, because the muscular coat of the intestine is controlled by the sympathetic system.

I think from what has been said, that the weight of evidence is in favor of the theory that the pathology of surgical shock is hyper-irritation of the entire sympathetic system. Clinical experience sustains this view. I am informed by reliable authorities that Dr. Stevens Smith says he has never seen shock occur when the vaso-motor nerves were paralyzed by alcohol. I well remember that during my medical college days, twenty-five years ago, a certain professor of surgery always insisted on having the patient take freely of whisky and some morphine before operation. He always tried to impress us with the idea that the patient did better under this treatment.

In my own professional life, I have seen many cases that have proven to me the correctness of my above statements. Some months ago I gave chloroform for a vaginal hysterectomy. The operator tied the tissues about the organ to prevent bleeding. The patient took the anesthetic very nicely, holding a good color and pulse, until the first ligature was tied, then I noticed a pallor overspread the face. The second ligature increased the pallor and weakened the pulse. I do not remember how many ligatures were used, but I well remember that when the operation was over, the patient was in a serious shock, from which she never recovered. I thought then, and still think, that the ligatures strangled the working power of the sympathetic system.

Grief, fear, anxiety or jealousy may so overcome the sympathetic ability that it will stop work suddenly. In an Eastern college, some time since, a student died from fear that he would be beheaded. His companions were in sport only, yet

when the wet towel struck his neck, he turned white and immediately expired.

Dr. Helmuth relates the following case: "I was asked to see an elderly lady with a small tumor in the groin, which was causing her no trouble but great anxiety. She was said to have a weak, and often irregular, heart. The tumor evidently was a small femoral hernia, and in trying to move it a little from side to side, it slipped with a gurgle from between my fingers and passed up. When she discovered that the tumor was gone, she was startled and surprised—no doubt pleasantly so, for it had been much in her thoughts. Almost immediately, she complained of feeling faint and asked for some cold water. This was supplied, but her syncope deepened, and in about ten minutes life was extinct."

In treating diseases of both acute and chronic nature, I have noticed that the same principles hold good. Nearly forty years ago, Dr. King, of Cincinnati, O., predicted that sooner or later the sympathetic nervous system would be recognized as the great supporter of the system under all circumstances. Diseases that affect the system the least are the easiest to treat and the recovery is the most satisfactory. I have found this true in all surgical work, whether in an operative case or not.

The treatment of shock should always be of the best, and the thermometer should be used to note the temperature. If your efforts do not bring up the temperature, the patient is not being benefited. Many have noticed the great benefit derived from the use of nitrite of amyl—at the outset of the shock—because it is an arterial relaxant. Strychnine should be used only in the later stages of shock; then no drug can take its place. Dr. G. F. Hodgen, of St. Louis, Mo., believed sulphate of atropia, in 1-60 to 1-30 of a grain, was the best remedy possible for shock. I have used it, and am pleased with it; like alcohol, it produces vaso-motor paresis. If the old theory is true, we could not use two worse remedies. The taking of hot water in small quantities, and frequently, and using the same in the rectum, I have known to be very beneficial. Nitroglycerine is a valuable remedy.

Aconite, camphor, veratrum and arsenicum have been used with good results. In extreme cases of shock artificial respiration should be resorted to, and friction applied to the extremities. Dilation of the rectum has been satisfactory to me. External heat should be used, but no hot bottles, nor bricks, as they tend to make bad burns. Blankets should be heated

in an oven or otherwise, and wrapped about each part. Apply heat over the heart. Keep the room at about 90 to 100 degrees if the patient can stand it. Transfusion of warm saline solution is considered very valuable by some physicians. As an inhalent pure ammonia is very useful. Oxygen inhalation is a most powerful yet safe remedy to use. The patient should have about six inspirations of the pure gas per minute. Food should not be administered till reaction is well advanced, as shown by the temperature rising toward the normal. It must be remembered that digestion is suspended during shock. When reaction is well established, or nearly so, hot beef tea, peptones, or peptonized milk can be moderately used. Small quantities frequently is my rule.

DON'T.

By Floyd Clendenen, M. D., LaSalle, Ill.

Don't tell your patient what you are giving him.

Don't let your patient dictate how or what you shall or shall not give.

It is the physician's business to give the medicine and say how it is to be given.

Don't tell the nurse what you are giving.

Don't tell Smith that he is not as sick as his neighbor Jones across the way; most patients like to be told that they were very sick.

We never tell a very sick patient that he is dangerously ill, but on the contrary we encourage all our patients, especially those who are severely ill. There are those who can be scared into the sweet by and by; others you could not kill with a club.

Don't talk to the public about what occurred to your patient while under your care.

Don't give a woman chloroform within two weeks after confinement. We have known quite a number of deaths to occur from chloroform given too soon after confinement. It is right to give chloroform *during* confinement, but *never* give it within two to three weeks after. Our attention was very recently called to a case of fatal result from giving chloroform within two weeks after confinement. Don't forget this fact—jot it down, *indelibly*, in your memory.

Don't forget that lobelia given freely is *the* antidote to strychnine poisoning. This fact should be known to the public everywhere; yet hundreds of doctors never heard of it.

Again let us warn all against the dangerous practice of using a pencil of nitrate of silver in the throat, it may work safely once, twice or even oftener, but it will prove fatal to some of your patients sooner or later, and you will wonder what caused the sudden change in your patient's condition, followed speedily by death. Don't use it in the throat except as a weak spray.

Don't forget that jaborandi and gelsemium given together in heroic doses oft repeated is specific in membranous croup and in diphtheria also. Don't fear to give it freely, give enough and it will cure your little patient.

Don't cut a cancer, for if you do it will invariably increase the difficulty and hasten the final end, unless proper treatment is soon used to counteract the bad effect *invariably* caused by the use of the knife. Study your materia medica, learn the action of drugs and the effects of combinations, and cure your cases of cancer. It *can be done readily* in all recent cases, and in many also that are far advanced. But the knife never cures true cancer, from an epithelioma to scirrhus.

Don't use mercury in the treatment of chancre nor in syphilis; it is a question whether syphilis is not caused by giving mercury in pox—or in other words, is not pox always primary until mercury has been given. The combination, so to speak, is syphilis, and can be transmitted throughout generations innumerable. We cure pox readily with vegetable remedies—with potassium iodide—after destroying the chancres, and in no case does syphilis follow. Syphilis is *not*, as is usually taught, chronic pox at all, but a disease due to pox and mercury combined. The best treatment for syphilis is potassium iodide with vegetable remedies and free bathing in some of the hot springs, containing sulphur, to be found in several of the States. The best we have seen is Steamboat Springs in western Nevada near the Central Pacific Railroad.

SOLANUM CAROLINENSE IN WHOOPING COUGH.*

By J. P. Best, M. D., Indianapolis, Ind.

History.—Horse-nettle is a common and abundant wild plant, flourishing in waste places and around cultivated fields, frequently in patches, in almost all parts of our country. It grows from Connecticut to Iowa, and southward to the Gulf of Mexico. It frequently grows so abundantly as to be a nuisance, pre-

* Read before the National Eclectic Medical Association, 1903.

ferring sandy or graveled slopes, railroad grades, etc., with a south, sunny exposure. The root and berries are employed medicinally. Specific *Solanum Carolinense* is prepared from the root. Attention was called to this plant by Porcher (Report on Indigenous Medical Plants of South Carolina) in the middle of the present century, who quotes from a French work (Merat and De Lens Dictionnaire Univ. de Matiere Medicale, Paris, Vol. VI., 1837) that M. Louis Valentin used the berries in idiopathic or nontraumatic tetanus (see also A. Clapp, M. D., Report on Medical Botany, 1850-51; and Robert Hogg, Natural History of the Vegetable Kingdom, 1858). Porcher also refers to an article (Journal Gen. de Med., Vol. XL., p. 13), which gives "A notice of the different methods of treating tetanus in America, with observations on the good effects of the *S. Carolinense*." According to Porcher, it possessed "some reputation among the negroes of that state (South Carolina) as an aphrodisiac." Its revival as a medicine was due to reports by Dr. J. L. Napier of Blenheim, S. C. (Medical World, 1889, and Amer. Therapist, 1892).

Action, Medical Uses and Dosage.—This agent is reputed antispasmodic, and has been recommended chiefly for convulsive disorders. It was early used by Valentin in non-traumatic tetanus (see Medical History). While success with it has been recorded in chorea, puerperal eclampsia, infantile, and hysterical convulsions, its chief use has been in epilepsy, and particularly that form in which the paroxysms are severest at or brought on at the menstrual periods. The drug needs further investigation. The dose of the fluid extract is from ten to sixty drops; of specific *solanum carolinense* ten to thirty drops.—American Dispensary (revised), p. 1800.

Some six or eight years ago, my attention was drawn to *Solanum* by Mr. A. B. Howe, of Indianapolis, Ind., he extolling it as a safe and reliable remedy for epilepsy.

During our conversation the subject of pertussis came up and it occurred to us it should be a good remedy for the latter disease, but I was very skeptical of the claims made for the agent.

My two children were then in the incipient stages of whooping cough, and with no faith whatever in the value of *Solanum* in this disease, I determined to at least try it. It was administered as follows: R "Succus solani," one fluid ounce; glycerine et aqua, of each three fluid ounces; mix and give one teaspoonful every three hours during the day and when awake at night.

The result was highly pleasing. The disease disappeared so rapidly that we were almost persuaded the little ones had been the victims of an experiment without just cause.

Later on, however, repeated use of the remedy gave further evidence of its merit, and with some hope of being able to find a remedy of positive value in this disease, the horse nettle was carefully given to every case of whooping cough appearing in my practice. Until recently my opportunities to study its action, in a methodical manner, were limited, and only about a dozen cases in all were treated, but with unvarying relief from the severity of the spasms of coughing and very material shortening of the duration of the disease.

In 1900 a lady asked me for something for whooping cough. Her boy, W. M., age seven, was then coughing severely, and the neighbors testify that he "whooped" distinctly. One four-ounce bottle of the medicine given as above mentioned was all the boy required. His cure was so positive and unexpected that the parents do not believe he had pertussis.

Later on the next-door neighbor, Mr. C., who had three children, applied for "some of that medicine for whooping cough." At the same time he related what he knew of the former case, which really induced him to try the same medication. During the three weeks his children were under treatment, they used two eight-ounce bottles and one four-ounce bottle of the formula as above, and he said when at my office the last time, that the children were almost well, but he felt that they ought to take the medicine for a short time yet. He reported a lessening of the frequency of the paroxysms of coughing, also a lessening of their severity. These little folks ranged in age from two to six years.

Without going into details further, allow me to add that within the last few months I have treated fifteen cases, all of which were under my personal observation, and some very severe. In these the following observations seem worthy of record:

That solanum, the only preparation used, does mitigate the attack of whooping cough.

It lessens the frequency of the paroxysms.

It diminishes the severity of the cough.

It in no way seems to affect the mucous membrane, unless it be to allow free discharge of mucus.

The full dose causes dullness or inclination to drowsiness.

The patient gets longer and less interrupted sleep.

The disease is cured in from two to three weeks, and in severe cases not longer than four weeks.

While we are not ready to pronounce this a specific in whooping cough, I know of no remedy, given singly, that has made as good a record in the relief and cure of this disease.

The fact that thirty or forty remedies are named for whooping cough is good evidence of the unsatisfactory treatment of it.

If careful investigation proves this remedy worthy of a place in our materia medica for this disease, we shall have added one mite to the sum total of knowledge and feel rewarded.

SETON HOSPITAL REPORTS

PROF. L. E. RUSSELL, SURGEON.

CASE 80—Proctectomy, or extirpation of the rectum, on account of carcinoma of the lower part of the bowel, is an operation of comparatively recent date; though it was carefully performed by Lisfranc in 1826, but without much satisfactory result. Kraskey presented a paper to the German Congress in 1885, that began anew the methods of dealing with so formidable a surgical procedure. He suggested a removal of a portion of the sacrum, in order to reach the malignant lesion, and to give ready access to the dissection and extirpation of the rectum at the seat of the carcinomatous invasion. Since his method has been promulgated, other surgeons, namely, Hocheneggs, Bardenheuer, Rose, Von Heinecke, Levy, Rydygier, Hegar, and several other operators, have entered this field of surgery; even claiming certain advantages by ex-section of a less or greater quantity of the sacrum, allowing a more direct manner of dealing with the adhesions of the pelvic colon.

Professors Crisp and Allingham have suggested another method of extirpation of cancer in the lower portion of the rectum, which is radically different from the methods advanced by the other operators, and has to do with invasion of the soft parts, to the exclusion of the coccygeal or sacral route. A perineal incision is made; or, if the surgeon choose, he may make the A incision, or the lateral incisions, not unlike the right and left lithotomy cut, extending it down and backward to the inferior portion of the bowel; or, if Allingham's method be followed, a deep dorsal incision is made, with the left index finger placed in the bowel, and a narrow bistoury introduced, just posterior to the external orifice of the bowel, and carried through the post-

rectal tissue above the upper limits of the growth entirely outside of the rectum. The tissues between this point, and the sacrum and the coccyx, are cut from this point downward at one stroke. The incision is then made by dissecting completely around the rectum. The bowel is then dissected loose with scissors, and advanced, and the maglinant lesion excised. It is the intent of the Allingham method to preserve, in a measure, the sphincter muscles; yet this is not always considered satisfactory. While by the method of extirpation through the sacrum, the muscles and the lower inch of the bowels remain intact, and as the diseased portion is removed, and the bowel advanced, or dissected loose, and the malignant mass excised, the bowel is then sutured to its lower inch, the sacral flap with the bone attachment is returned, and the wound closed; and when the patient has completed the recovery, he is left in as nearly a normal condition as possible.

The patient before the class to-day has been complaining for the last eighteen months of severe pain in the lower bowel, and of a continual constipation, which, for the last two or three months, has amounted almost to complete obstruction. There is one danger, to which I wish to call your attention at this time, in the diagnosis of malignant lesions of the lower bowel, and that is, pain, constipation and hemorrhage. Given, these three conditions, and it becomes your duty to make a thorough and radical investigation, and arrive at a definite conclusion at the very earliest date possible; as much depends upon the operation being performed early, and the saving of a great deal of pain which must otherwise be endured by the patient.

This case has passed through the hands of quite a number of physicians, and has been treated not unlike other cases by other physicians, for hemorrhoids, ulceration of the bowel, and constipation. I wish to say to you that the speculum will not at all times reveal the true condition manifest; often not giving the proper warning as to the malignant lesion. It is then your duty to thoroughly anoint the index finger, and by digital examination explore and arrive at a definite conclusion as to the strictured part, to the hardened mass, and to the other evidences of a malignant condition. If this rule be observed, and care taken, these cases can be made operable, and a pretty fair degree of success attained through early surgical interference.

On examining this specimen, which is a conglomerate mass nearly the size of a clinched fist, you will notice that it is very hard indeed; and upon attempting to penetrate the lumen of

the bowel, you will find it quite impossible, as carcinomatous impaction has long since almost completely occluded the lumen of the tube. The patient will be returned to the ward with instruction to give light diet for several days; and in the course of ten days or two weeks he may be allowed to return home.

There is not much danger following these operations, if the patient submits before there has been a metastasis to other tissues of the body. I believe many of these cases of carcinoma of the lower bowel are really epitheliomas; and if they were properly diagnosed early, and the patient submitted to X-ray treatment, much good might be done, and many cures recorded.

CASE 81—Mrs. L., aged thirty, from the mountains of Tennessee, the mother of two children, has been a patient sufferer for the last eighteen months, with a lesion of the right mamma affecting the glands in the axilla. The general characteristic features of this case are quite similar to those of carcinoma of the breast. I wish to call your attention to these cases now and here, and show you the difference between carcinoma and this lesion.

First, in carcinoma of eighteen months' standing, we would invariably have retraction of the nipple, and massing of some part of the breast with adhesions. In the second place, we would have a history of pain, and possibly a breaking down of the tissues of an ulcerative nature, and in many cases an offensive discharge.

Let us now look this case over carefully. There is no retraction of this nipple; there is an entire absence of the eczema surrounding the nipple—a characteristic pathological lesion described by Paget in carcinoma of the breast, and designated as Paget's disease, as the great pathologist found a constant relation between eczema surrounding the nipple and the later development of carcinoma. Again, in this case we find the lower quadrant of the mamma engorged and greatly thickened. It is my judgment that we have here a lesion known as tuberculosis of the mamma, and an engorgement of the axillary glands.

We will now make an elliptical incision extending from below the inferior attachment of the breast, taking out all the diseased cutaneous tissue, and extending a circular line along the edge of the pectoralis major muscle upward and outward to the arm, so that we may be enabled to thoroughly deal with the glands in the axilla. After we thoroughly dissect the skin back from its anterior attachment to the breast, we shall, in this case, dis-

sect the anterior flap well over the median line, and the posterior, or lateral flap, downward below the central and lateral thoracic line. We do this for the reason that we must advance enough of the skin tissue to completely cover the wound, from which we have dissected the breast. And in case there be too much tension of the sutures, we shall make an incision at the posterior part of the lateral thoracic wall, and advance the tissues enough to take off the tension. We have now removed the mamma, dissected down to and included the fascia of the thoracic muscles, and removed all the glands in the axilla.

Let us now make an incision through the mamma from its posterior part. We find here a cheesy deposit, with a semi-purulent fluid, which has excavated and destroyed a greater portion of the breast. It is my judgment that under the microscope this will prove to be a case of tuberculosis of the mamma. I base my opinion on the general condition above stated, the absence of the impaction and the greyish hardened massing which we find in carcinoma. We shall dust this wound freely with iodoform, after packing well with iodoform gauze, for the express purpose of making the wound freely iodoformized—uninhabitable to tubercular bacilli.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

RETRO-PHARYNGEAL ABSCESS.

This results from the formation of pus, and may be located high up behind the velum, or by burrowing may invade the cervical or mediastinal regions. In infancy or early childhood, the lymphatic system is usually at fault or may be the cause. In adults the pus is in the cellular tissues. As the disease differs according to the age, it is most convenient to divide it into two classes; those of infancy and those of adults.

Abscess During Infancy.—In these cases it is usually at the side, seldom being in the center of the pharynx. The disease is most frequently found in the children of syphilitic or tubercular parents. The probability is that it is secondary to infection of the lymphatic glands. The loose structure of the pharyngeal tissues favors the accumulation and easy burrowing of pus in nearly any direction. The disease is usually insidious in its course, often no symptoms being noticed until dyspnea or at-

tacks of choking on attempting to swallow are present; the condition being more like that of a chronic abscess. Occasionally there will be clinical symptoms calling attention to the pharynx even in the early stages, depending upon the location of the abscess. Cough and change in the voice may be present.

Abscess in Adults.—The onset is usually marked, probably on account of the involvement of the cellular tissue. Pain referred to the fauces and increased on swallowing is usually first complained of, the pain being out of proportion to the evident amount of inflammation. Fever is usually present and may become hectic in character. The location of the abscess will largely determine the symptoms. A deep-seated, constant pain is present and increases until rupture or surgical interference occurs. Dyspnea is not often present.

Diagnosis.—Inspection will reveal an asymmetry of the tissue, the bulging portion being bright red and somewhat glazed. Palpation will determine fluctuation, and probe palpation will cause a bleaching of the tissues, the color returning slowly. In children there may be but slight evidences of inflammation surrounding the abscess, the diagnosis depending upon the recognition of the swelling lessening the pharyngeal space. In children, croup, bronchitis or edema of the larynx may be mistaken for this disease. In adults the possibility of an aneurism in this region must be remembered.

Prognosis.—When acute, the abscess usually ruptures in from five to ten days, unless recognized and opened previously. Spontaneous rupture during sleep, with some of the pus entering the larynx, may cause broncho-pneumonia or asphyxiation. In children, an early recognition of the disease will usually be favorable. Complications caused by, or as a sequence of the abscess, may result fatally. Abscess resulting from, or as a symptom of vertebral disease, is insidious, and usually fatal. When healing takes place the inflammatory tissue may appear as a nodular mass on the pharyngeal wall, and later produce a constant irritation.

Treatment.—Evacuation of the abscess should always be done as soon as recognized. If pus has not formed when the swelling is discovered, scarification or multiple puncture will often afford relief. In opening the abscess the patient's head should be lowered to prevent the pus entering the air passages. The use of the autospray of cocaine 2 per cent. will be useful. When the lymphatic glands are the site of abscess formation, the incision should be made externally along the anterior border of

the sterno-cleido-mastoid muscle, care being taken not to injure the blood-vessels of this region; general anesthesia is necessary.

Internal Medication.—Lime in some form, phytolacca, iris, iodide of arsenic, and when the bony structures of the spine are involved, etc., chloride of gold and sodium, silica, or potassium iodide.

Urticaria may cause edema of the glottis in connection with the pharyngeal manifestation. The disease is seldom seen.

Ecthyma, pemphigus, erythema multiformum and exudative, have been reported.

HERPES.

Synonyms.—Pharyngitis herpetica; common membranous sore throat; aphthous sore throat; benign croupous angina; simple membranous sore throat.

In this disease there are numerous small, discrete, eruptive points distributed over the fauces and pharynx. These disappear after a variable period of a few days or weeks, then recur. This may last an indefinite time.

Etiology.—Obscure, but is evidently the result of an irritation or inflammation affecting the terminal nerve filaments. The primary cause may be disturbances of the alimentary tract, systemic diatheses, or diminished eliminative action. It may accompany or follow febrile states, and infrequently has been noted as coincident with uterine affections. The implication of the trifacial nerve is usually given as a cause.

Symptoms.—Usually sudden in onset, with sometimes a slight fever, discomfort or pain. A general feeling of a subnormal condition and gastric wrongs prior to the eruption may be present. One or both sides may be affected. Usually one of the first symptoms is a sensation of dryness, soon followed by pain radiating to the ears, and sometimes to the nasal chambers or larynx. Herpetic eruption of the lips will often be found. The pain may cause difficulty in swallowing, but this will depend largely upon the location of the lesions. On inspection there will be found round or oval discrete areas on the uvula, velum, faucial pillars or pharynx. Usually vesicular, and in groups or scattered over the surfaces. These soon become excoriated, and covered by a thin, yellowish-white, easily removed false membrane. The exposed surface bleeds easily. Sometimes there will be little, if any, change in the mucous membrane. There may be at the same time an involvement of any muco-cutaneous surface.

Diagnosis.—Usually easy, if the symptoms are carefully noted.

Prognosis.—The tendency to recur must be remembered, as well as that it renders the patient more susceptible to infectious diseases.

Treatment.—Saline cathartics to empty the bowels thoroughly. Rhus tox, apis or bryonia are usually indicated. The use of fresh chocolate creams will be found useful in allaying the irritation. Locally the chloretone inhalant, or a sedative spray, may help relieve.

PERISCOPE.

OVERPRESSURE IN SCHOOL.

An ever recurring and remarkable phenomenon of the medical year is the abundance of cases of chorea seen in the late winter and spring, together with the scarcity of such cases in the summer and fall. During October or November it is often difficult, even in a large ambulatory service, to collect sufficient cases for a clinical lecture on the various phases of chorea. As the seasons proceed the cases increase slowly in number until about March or April, when there is a sudden rise in the number of those affected. Pale, thin, ambitious children, the majority of them girls, then throng the nervous and pediatric clinics in all stages of the disease.

Undoubtedly several factors enter into the production of this great number of cases in the spring. At this season there is an erethism or spring irritability common to all animals, so that the nervous system is then more susceptible to strains.

Again, many of the cases are manifestations or sequels of a rheumatism acquired during the cold months. The anemia of winter confinement indoors and lack of sunlight is another predisposing factor.

But probably the most important exciting cause, at least in those cases that are not clearly rheumatic, is excessive stimulation of the cortical cells of the brain. This results in the gradual supervention of undernutrition and consequently in overexcitability of these cells. The nature of the stimulation is different in various instances. It may be the social excitement of children's parties, long waking hours, a bad fright, great grief, strenuous games, too many or too long school periods, home study at night, or the strain and anxiety of class recitations; or, it may be improper food or indigestion; at any rate the result is much

the same. The child's nervous system becomes debilitated, loses its power of inhibition, and manifests the overactivity of weakness. St. Vitus' dance is cited merely as one of the extreme types of the nervous exhaustion.

The condition that obtains in a great many children every spring is chronic fatigue or malnutrition of the central nervous system. The nerve cells, when fatigued, shrink in size as shown by Hodge, their nuclei and nucleoli become shriveled and the lenticular granules of the cell protoplasm, probably nutrient, disappear. After a sufficient period of repose all of these elements of the nerve cells resume their normal condition; the nucleus and the cell become again plump and the nutrient granules reappear in the protoplasm. For thorough recuperation a varying period of time, inactivity and proper nutrition are necessary. An overworked anemic child will need a longer interval of rest in order to recuperate. A small amount of mental labor may produce fatigue in a child whose brain cells are weak, under-developed or poorly nourished.

Interesting experiments have been made by Griesbach, in Alsace, with the esthesiometer to show the effects of school work in producing fatigue. The instrument is simply a pair of calipers whose two points can be pressed upon the skin at varying distances apart, the length of the intervals being noted on a scale. It was found that as mental fatigue develops the child's ability to distinguish the two points as distinct diminishes, so that the distance between them has to be increased.

The children were tested at different times during school term, on holidays and during vacation. On holidays the variations in the measurements were inconsiderable, while on school days the measurements doubled and some children showed four times the minimal distance. During mid-day recess recuperation was considerable, but not complete. Even in the morning before school a large number of the children failed to show as great sensibility as on holidays; probably some of these were night workers or were overworked in school the day before. The greatest reduction in sensibility was after mathematics, the least after manual training; thus close mental work is shown to cause the greatest fatigue, while manual training produces the least.

With little children and with older ones that are making rapid bone growth concentration is possible for only a short time without producing fatigue, and if this fatigue is prolonged it becomes cumulative, and complete recuperation is impossible while

attending school. Careful attention to the number and character of the different subjects, the length of the lessons and the time of study is necessary. Change of study or the alternation of physical exercise, games or manual training with the mental effort is desirable; but it must be remembered that change of work, or change from work to play, is not rest, although the result may be added interest in the new occupation. Change of employment is not recreation; for all effort fatigues.

The daily variation of mental power is such that the curve of mental energy, beginning at a high level in the morning at nine o'clock, rises moderately until ten o'clock, falls at first slowly until eleven o'clock, and then very rapidly until the middle of the noon recess; by one-thirty the curve has risen to the eleven o'clock level, but it soon falls rapidly and before three o'clock is at the twelve o'clock level. In adults there is another rise in the evening between nine-thirty and ten o'clock.

Manifestly the difficult lessons should be taken up early in the morning, and since the real intellectual work is learning the lesson, this study should be done in school under the guidance of the teacher. To learn concentration is more valuable than to learn lessons. There should be no lessons to be learned at home before the twelfth year. For little children one or two hours of school, and those in the morning when the faculties are most alert, should be allowed. The length of the lessons and study periods should be not more than fifteen minutes in the first two years of school life; twenty minutes the next two years; twenty-five minutes the fourth and fifth years; and forty to forty-five minutes in the high school.

Competitive examinations are important contributing causes to collapse from school work. This kind of examination should be abolished and the pupils promoted so far as possible on their daily work; school prizes ought to be abolished. Backward and deficient children and those that are delicate and nervous should have special attention in small classes where competition and emulation are less keen.

Children that need especially to be watched during the school year are those of alcoholic, tuberculous or neurotic family history, those that are anemic, those that are growing rapidly, especially girls at the period of prepubertal acceleration in growth, from eleven to thirteen years, and those that have recently suffered from whooping-cough, measles and diphtheria. Only by the exercise of caution in their school work can such

children be prevented from suffering the ill effects of overpressure. Persistent headaches, not due to eye defects, disturbed sleep, morning languor and loss of appetite, are warning symptoms; if they persist after modification of the school regime the child should be withdrawn from school for three or four weeks, or until all signs of nervous exhaustion have disappeared. Disregard of these early symptoms risks the more serious results of overpressure, such as chorea, neurasthenia, hypochondriasis, hysteria, and even epilepsy and insanity in those who have a neurotic heredity.—*Archives Pediatrics*, November, 1904.

THE CHILD IN SCHOOL.

Almost one-fourth of the waking hours of our children from six years of age till they assume the active duties of life are spent under the care and instruction of the schools. The schools are responsible, not only for their conduct, but for the care and preservation of their health, while in attendance. It is there that they receive their most lasting, practical, as well as theoretical, instruction, in fitting them for the various duties of life. It is important that they should not only have sound minds, but sound bodies as well.

The pupils should be instructed in everything pertaining to their general health. Hygiene should be thoroughly and systematically taught. A writer on this subject says: "Hygiene aims to make growth more perfect, life more vigorous, decay less rapid, death more remote." It, therefore, treats of the laws of health and everything calculated to keep the body in a healthy condition. It aims to keep persons in the best possible condition, both physically and mentally. To accomplish this in the schools, it is necessary to make the children thoroughly familiar with everything which tends to produce ill health or a weakened condition of the body or any of its functions, and at the same time instruct them in the best way possible to strengthen or fortify the body against such conditions.

To make the instruction the more lasting and impressive, it should be put into daily practice in the schools. It is inconsistent to teach the dangers of bad air or poor ventilation, and at the same time crowd the children into poorly ventilated rooms, while some must sit in drafts by open windows and contract incurable diseases during the receiving of such wholesome instruction. Teach the children to preserve their health and at the same time help them to put the teaching into daily practice.

There are many other reforms that should be adopted in the schools for the protection of the pupils, such as the abolition of the drinking cup, towels, lead pencils and hair brushes, that are used in common by all the pupils, but time forbids our going into those matters at the present.—*S. S. Salisbury. M. D*

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FOLTZ.

OVERPRESSURE IN SCHOOL.

Much has been said and written upon the overpressure or crowding of children in our public schools, and much criticism hurled upon the school officials. There is probably some reason for it, yet we can not help but believe that it is much overdrawn. Pediatricists and alienists cry halt! yet all the professions, especially the medical, through the various legislatures, are continually tightening the reins by increasing the literary requirements of those desirous of entering the profession. This is true of the law, ministry, pharmacy, polytechnic schools, and of the universities. There is and has been a general cry, raise the standard.

This is certainly an anomalous position for the medical profession to occupy. Increase the demands or requirements, and at the same time claim that our modern school system is crowding our children too severely. The requirements have been so elevated, that some States require an applicant to be the possessor of a university degree. Some a diploma from a first-

class high school, or a first class teacher's certificate, to possess which usually requires at least three years' actual experience in teaching, no matter what the other qualifications may be. The objection may be raised, this is not dealing with children. True, but we must commence with the child and bring it up to this standard by the time it reaches a certain age. With our present school system, an average child finishes the high school course at about seventeen or eighteen years of age. This allows eight years for the elementary and four years for the high school, which is the usual custom.

Few children, we believe, are hurt by our present school system. Most of the ailments produced or aggravated by this school pressure, we believe to be due to a bad inheritance, improper hygiene or vicious habits. It is not at all uncommon to see children of a tubercular, or neurotic, or weak mental inheritance, attempting to keep pace with strong, robust children of good mental calibre, and to whom their work is but play. At present we have on hand two cases of chorea in young girls from the same family, who are attempting to do work for which they are not mentally capable nor prepared; simply to satisfy the vanity of their parents. Too often is this the case, rather than that of the school system or of the teachers.

The fault or the cause of the breaking, we believe, lies not so much with the school as with the parents and so-called modern society. Children attend school and as soon as school closes they must hurry home to take an hour or so on the piano; if it is not a lesson, then it must be practice. In the evening there is some social function, or a practice for an entertainment. Consequently there is no time for either recreation or rest. This is no uncommon picture for a child even in the first year of school life. Yes, we have seen fond mothers having them memorizing before they were capable of speaking plainly. This is far worse than the demands of the primary grades of our schools.

We can hardly accept that simply testing with the ethesimeter is a fair test of the fatigue produced by study. There are so many elements to be taken into consideration, other than the concentration of mind. There is a wonderful difference in the natural sensibilities of children, as well as in adults. Late hours on the previous night, or a sleepless night, might unfit the child for any mental exertion the following day, the child being fatigued before it enters upon its day's work. There can certainly be no rule, so far as the particular study is

concerned. Mathematics to some children is but a pastime; whilst history, grammar, geography, spelling or any study requiring memorizing requires the greatest concentration. Primary teachers, who have every opportunity of observation, have noticed this difference in children. Many a time have they so remarked to us.

We have thought that our modern school system might, in some respects, be remodeled with advantage. It is well enough to give extra attention to backward children, yet other children are frequently retarded by reason of these same backward children. Backward by reason of frailty or disinclination to study. If it were possible to permit those capable of greater labor to forge ahead, it would not work a hardship upon either party. At present the law sets the limit of time to be employed and as a consequence both parties suffer; one from lack of work, the other from too much work. With the modern methods of calisthenics, gymnasiums, military drills and athletics, those of a fair physical development need suffer but little from overconcentration. Those of a poor physical development bid fair to have it improved.

Late hours, tobacco, especially cigarette smoking, alcohol and the demands of modern society, even of little folks, cause more physical wrecks than modern schools. Picture to yourself, boys of eight, ten or twelve years of age sauntering along the streets at late hours smoking cigarettes, or puffing at the end of an old pipe like a steam engine. Not only on the street at nights, but on their way to and from school. School authorities can check it, in and on the school grounds, but not after they have passed beyond their jurisdiction. To-day in one of our city dailies, we noticed a fourth of a page advertisement with a cut, recommending a certain brand of beer for infants and children. Can children be healthy, fed upon alcoholic stimulants? We leave that for the pediatricists to answer.

The elevation of the requirements for one to enter the profession and the raising of the standard of colleges are steps in the right direction. This elevation, however, demands from those of limited means desirous of entering a profession, more self-denial. Self-denial engenders a desire for greater exertion and application, and forty to forty-five minutes' application to work in the high school is but a mere bagatelle to those honestly inclined to apply themselves. Were this time limit imperative, few could accomplish the work, and none but the wealthy could afford the

time necessary to prepare for entering the profession. The present law provides for a four years' course of at least thirty-two weeks each; not less than sixteen courses, or four courses yearly, to constitute a high school of the first grade. This amount of work will hardly injure any one mentally capable of entering a high school. This rigid rule, however, that four years constitutes a high school course, with no opportunity for one to complete it earlier, no matter how proficient, we believe to be erroneous. We see children going side by side, the backward and the bright, the latter held back by reason of the former and both completing the four year course in the same class.

Competitive examinations in our public schools have become, in a large measure, insignificant. Quarterly and term examinations count only for a portion of a child's standing. Class records now count for at least fifty per cent. in most schools, and the tendency to depend upon these records for promotions is increasing among educators. In conclusion, we believe the fault for neuroses in children lies not so much in the schools, as it does in the parents, the child's inheritance, its hygienic surroundings, and so-called modern society.

MUNDY.

WHO IS TO BLAME ?

A little while ago, in Chicago, the State Board of Pharmacy sent out one hundred and thirty-nine decoy prescriptions to be filled by Chicago pharmacists. Out of the number twenty-three contained no trace of the drug called for; sixty-six were 80 per cent. impure; ten were 20 per cent. impure, and only thirty-one were pure. This information was gleaned from the daily press of December 6, 1904.

Is it any wonder that faith in medicine wanes? And who's to blame? Is it the retail druggist? In some cases, yes. In others, no doubt, the manufacturer is to blame. In all, the physicians who prescribe are to blame for the unworthiness of drugs dispensed.

In recent years the study of drugs has been lost sight of in the contemplation of the bistoury. At the present time the larger number of physicians do not know drugs and care less about them. A lack of knowledge of remedies has led to nihilistic belief regarding the value of drugs. The prescription writer makes no study of the pharmaceuticals he uses; the pharmacist is aware of his unbelief and ignorance of what he prescribes, and the result is, that almost anything goes when it comes to filling pre-

scriptions. If physicians who write prescriptions knew their drugs, were acquainted with *materia medica* and demanded of the druggists reliable goods, the great majority of the pharmacists of this country would respond nobly to the wants of the profession. But when the profession itself cares not, why should the druggist bother about it, especially when it is so much more expensive? If there is disreputableness in the profession of pharmacy to-day, I am here to say that the medical profession is the cause of it. The drug business is a commercial business and money-making is the primary object. If a fifty-cent article having the same name as the dollar one will satisfy the physician who prescribes, why shall the druggist pay the extra fifty cents and lose it? If a Chicago house can sell a pound of gelsemium for a dollar and twenty-five cents, having labeled it "specific tincture," why should the druggist purchase Lloyd Brothers' specific medicine gelsemium for more money if the doctor doesn't object? It's "just as good," you know, and "cheap." But ah, the difference to the man who knows gelsemium. Can you blame the druggist, I say?

Pharmacists are honest, as a rule, and will meet the demands of the physicians. If the physicians' requirements are 100, the pharmacist will register 100. If the physicians' standard is 50, druggists must register 50.

Eclectic physicians, as a rule, do not write prescriptions, and where they do, I find that they usually request their druggist to carry the line of remedies used by the Eclectic school in medicine. Thus the troubles enumerated in the dispatches do not overtake the Eclectic. In smaller cities and towns this may be done satisfactorily, but in the larger cities it can not be done, for the reason that it is impossible to have all druggists, who may be called upon to fill prescriptions for us, keep a line of medicines which they may not have a call for once a month, or perhaps once a year. And for us to let our prescriptions go to druggists, regardless of the fact that many are unacquainted with our remedies, would be, not to practice Eclectic medication.

I have always prescribed my own medicines. I carry a medicine case. I prescribe the best remedies I can purchase, relying on the reputation of the manufacturer for their purity and worth. I never inquire about the price, as I know a reliable manufacturer will demand a price commensurate with the value of his products and no more. A man could not sell me inferior goods at any price, if I knew it. When I am approached by a

salesman with a line of pharmaceuticals "just as good" as the ones I am using, at a price far below what I am paying, I pass him up as worth only what he bids. When I have proved a drug and have faith in its maker, I accept it as a good friend and keep it. It is priceless to me in the treatment of the sick. There is a satisfaction in knowing, after all has been done for one who is ill and unfavorable results follow, that one has not been guilty of using an inferior drug at the expense of the patient's life. My advice is, that you carry your own medicines and take the entire responsibility upon yourself. Study your drugs. Buy the best you can get and do not permit any cheap John to side-track you.

The evidence secured by the State Board of Pharmacy in Chicago is an indictment of the medical profession, and the druggist is *particeps criminis*.
STEPHENS.

MEDICAL EDUCATION.

It is generally conceded that there has been a great advancement in the science of medicine in the past twenty-five years. It must be acknowledged that the physician of to-day knows more about the etiology of disease, both predisposing and exciting than the doctor of any former period. It will be also admitted that the pathology of diseased conditions was never as well understood. Improved methods of examination have resulted in a more certain diagnosis, so that diseases are to-day recognized that twenty-five years ago were overlooked. So great has been our progress in the science of sanitation that infectious disease, like yellow fever, cholera, typhus fever and kindred diseases, are either prevented from coming into our country or soon stamped out when once admitted.

The world applauds, and the profession looks both wise and pleased; and yet the profession must acknowledge with bowed head that, notwithstanding it knows more about the prevention of disease than the fathers, knows more about the causes of disease, understands its pathology better, and many times can make a more certain diagnosis, yet the *mortality* of such diseases as pneumonia, nephritis, typhoid fever and others, has steadily increased, and we are forced to admit that the medication of the fathers was more successful than that of to-day. That the mortality is steadily increasing can not be denied, and that there must be reasons for such conditions, must be equally plain. It

is true conditions and environments have changed in the last fifty years, and must figure to some extent in solving the problem. We are living in a fast age. The telegraph, the steam cars, the electric transits, the automobiles, the telephones and the air-ships have revolutionized the thoughts, methods and habits of the people. Competition along business and professional lines has increased the tension of the producers, and to-day the business world is keyed up to the highest pitch.

Fifty years ago eighty-eight per cent. of the people lived the quiet life of the country. Regular hours, regular habits, plain food and plenty of fresh air and sunshine was their heritage. To-day, the trend is towards the cities, and one in every four of our population lives in the city. The inhabitants of our cities have exchanged the simplicity and regularity of country life for the dissipation and distraction of city life; the sunshine and pure air of the country, for the smoke-begrimed atmosphere of shop, office and great manufacturing plants; the recreation of the singing-school and old-fashioned country dance, for the theater and dance-hall; the sensible dress, for the décolleté (undress); and, in this exchange, the physical and moral tone of the people has suffered, and there is some reason to believe that this figures to a certain degree in the mortality of disease.

On the other hand, physical culture is being taught in the schools all over the land, and athletics receive as much attention in our academies, colleges and universities as do the most important studies in the college course. Physiology and hygiene are studied in every institution of learning, so that the young people of to-day, theoretically, are better prepared to resist and combat diseases than in former times, and the statistics of insurance companies show that the longevity of the people is greater than for several periods.

We must, therefore, look for other reasons for an increased mortality—other than habits and environments. It may sound like heresy to suggest that the medical man of to-day is over-educated, over-trained. Not that I believe for an instant that any one can ever know too much about any subject, but that in our training, we have paid too much attention to the non-essentials in medicine and too little attention to the essentials.

Since the germ theory has become accepted as the causal factor in diseased conditions, the profession has gone germ mad. Expensive laboratories have been equipped, and the study of bacteriology and microscopy have become the essential study

in a large majority of medical schools. The medical journals teem with the danger that attends the presence of bacteria, and our patients are sterilized, the food is sterilized, and the great fight of the professional man, to-day, is how to destroy the bacteria. The lying-in woman must have sterilized pads on which to be confined, sterilized water to flush out the uterus, or, if shreds of membrane are entombed in the womb, they are to be removed with the curette. The obstetrician's hands, having been thoroughly scrubbed, are rinsed in sterilized water or antiseptic solution. The cord is tied with a sterilized ligature and dressed with sterilized cotton. Theoretically, this is all very nice, but hardly a satisfactory treatment.

My father practiced medicine fifty years, had an unusually large obstetric practice, but never lost a case from puerperal fever or septic peritonitis, yet he never introduced a curette into a womb, nor flushed one out with a douche. He believed that clean hands were the essential in obstetric work and his success was phenomenal. Within the last six months I have seen two cases of childbed fever, one of which proved fatal, and, in each case, the uterus was douched and sterilized and curetted.

The physician of twenty-five years ago thought little of the dreaded bacteria. He was taught that nature was able to do her own flushing, and he kept out of the uterus. Fountain syringes, sterilized pads, curettes, intra-uterine flushing, were unknown to him, but he was *remarkably successful*. So, with diseased conditions, he studied his case carefully to see how great a departure from health had taken place, and then he studied the *materia medica* for remedies to meet diseased conditions; to use a slang expression, he was long on common sense and therapeutic knowledge, but short on bacteriology; but he was successful. He did not know that the pneumococcus of Frankel caused pneumonia, and hence did not spend his time looking for this important germ, nor studying how to destroy it; he studied how to cure disease.

Now, I do not wish to be misunderstood on this subject. I believe in the study of bacteriology; I believe in the study and use of the microscope; I believe in antiseptic measures; but I believe far more in the study of the therapeutic action of our splendid agents. What the sick world is crying for is a cure for their ills. Etiology is important, and we can never know too much about it. Laboratory work is useful and profitable. But more important than everything else, is how to cure the sick man. This is the essential thing in medicine, and should receive the greatest attention.

SCUDDER.

WHITHER ARE WE DRIFTING IN THERAPEUTICS?

"Before attempting to answer the query propounded in the title of this paper, I trust that I may be pardoned for indulging briefly in a few rudimentary remarks in defining certain terms used today in medicine.

"The substances which are introduced into the body for various purposes may be divided into three general classes—aliments, poisons and medicines.

"An aliment is any substance which, when introduced into the system, is capable of nourishing it, and repairing the losses sustained by metabolism.

"A poison is any substance which, when introduced into the body, causes a disturbance in the normal condition.

"A medicine is any substance which, when administered or applied, aids nature in readjusting the abnormal to the normal condition. Those substances which enter into the composition of medicine are called drugs."

This query, and the quoted portion of the article by J. P. Buckley, D. D. S., in the *Dental Review* of November, 1904, attracted my attention, and after reading the article, and noting the strong condemnation of the usual proprietary compounds, I felt that there was an eclectic in the dental profession who was not only able to think for himself, but also fully capable of intelligently prescribing for his patrons. The "ready-to-wear" signs of the clothing manufacturer does no one any harm, but unfortunately this can not be said of all the ready-to-take nostrums foisted upon the public by the manufacturer and physician.

It is undoubtedly proper for the manufacturer to protect both himself and the physician by a copyright label, for this insures uniformity of the preparation, and is a protection to both parties, but when the ubiquitous maker places pale pills for pink people on the market, under the guise of being a strictly ethical compound, and telling how few human ills there are that will not quickly succumb to this invaluable discovery, it is an insult to the medical profession.

Practically every mail places on the doctor's table some wonderful remedy or compound, endorsed by bright and shining lights in the profession, and too often not by Dr. Mossback of Way-back Cross-roads.

Many of these nostrums are not only of no value medicinally, but positively harmful or dangerous to the life of the victim. They are as stupendous frauds as the famed prescriptions advertised in the papers of some broken-down missionary, who dis-

covered in some far-off clime, where he was supposed to be ministering to the spiritual needs of the natives, a sure and certain cure for lost manhood; and which, in the exuberance of spirits, induced by his desire to benefit his fellow-man in a country where missionaries are not required, he will gladly send the prescription without the filthy lucre of the realm.

Prescribing these compounds is unquestionably the cause of the present tendency to medical nihilism, and the direct cause of the numerous cults abjuring medicines, which have become more or less prominent within the last twenty years.

The old idea of disease as an entity will not down, and the bulk of professional investigation is to discover this entity and some method of annihilating it. That drugs are simply aids for restoring to the normal is lost sight of by this majority.

That drugs possess a definite therapeutic action is positively known by many, but it is equally as well known by these persons, that the influence is only along certain pathological lines; that the name of a disease seldom indicates the morbid conditions, consequently drug action is nil, unless a definite morbid change is present. For some strange, unaccountable reason, in the domain of medicine, the miraculous is expected by both the laity and the profession. The incongruous aspect is entirely overlooked. A person going into a railroad station, and simply asking for a ticket without designating the route or destination would be considered a crank or crazy. The physician who prescribes for a name is equally as negligent as the would-be buyer of a ticket who does not tell when or how he wishes to go.

Fortunately, eclectics, as a rule, endeavor to prescribe along definite lines. How a drug acts we do not positively know, but the effects produced are what are wanted, and when an intelligent study has been made of the case, the conditions and a discriminating selection of the remedy in proper doses has been made, the result will be satisfactory in the majority of cases. Remember that not every case is curable, and that too often fatal results will occur where we are especially desirous of a different outcome.

FOLTZ.

The writer's contemplated trip to the Orient with General Manager Schaff of the Big Four Railroad, on the steamer Moltke, the last of January, has been postponed for another year.

I have always intended to make a thorough investigation of the Holy Land, and of the land of our fathers, before I change this climate.

RUSSELL.

ECLECTICISM IN THE EAST.

Although the secretaries of the Massachusetts and New York State societies will furnish full descriptions of the recent meetings in these States, we, who were present, can not refrain from adding a word that will surely not be taken as an intrusion.

The Boston District Society met on the evening of the 9th of January, and the occasion was most enjoyable. Nearly fifty were present, and all did most thorough justice to the occasion. There were speeches and resolutions and a banquet, such as the Thorndyke serves each year, at the annual meeting of the society. Professor Ellingwood was present and made an address. It may be added that this was the special feature of the occasion, for the program announced that it was an "Ellingwood Evening." It was not our first visit to our Boston friends, and, as we think of the pleasures of the evening, we may add that we hope it will not be our last. The Eclectics in and about Boston, and in the State at large, have reason to be proud of the manner in which the societies care for their members when they meet, and for their visitors who may meet with them.

The forty-fifth annual meeting of the New York Society was held at the Eclectic Medical College, January 11th and 12th. The rooms were filled, for, in addition to the meeting, there was a very extensive display of pharmaceutical and medicinal preparations and appliances, which drew from outside as well as from inside the society. The papers were excellent; they were debated and discussed at length, but these subjects will be reported upon by the secretary in his report. Great enthusiasm was exhibited by all who were present, and, here again, Professor Ellingwood was a feature, for his address was the subject of an evening's entertainment. The National and National's cause, was presented as strongly as it could be presented, and judging from the interest excited in the State society by Dr. Ellingwood's address, we bespeak for the National a membership that will be in keeping with the numbers who will surely attend the National from New England and New York. To sum up, these societies have started the year 1905 most enthusiastically in the direction of the cause of eclecticism in the States named, and in behalf of the National, which meets this year in the section mentioned.

LLOYD.

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VOL. X.

FEBRUARY, 1905.

No. 2.

BOOK NOTICES.

SIMON'S PHYSIOLOGICAL CHEMISTRY. A Text Book. Second edition, revised and enlarged 500 pages, octavo. Cloth, \$3.25 net. Lea Brothers & Co., publishers, Philadelphia.

Dr. Simon has here treated physiological chemistry in a manner adapting his work to the wants of the medical student, and of the physician who has previously been unable to devote to the subject the attention which it merits. It deals with foods, their origin, classes and decomposition products, their digestion, resorption and excretion, the chemistry of the tissues and organs of the body, the substances resulting from their activity, and their relation to physiological function. The chapters on the Albumins, Nitrogenous Katabolism, and Gastric and Tryptic Digestion, have been re-written. To render the work more useful both to students and practitioners, practical exercises have been added. The methods have been described in such detail that the student should find no difficulty in performing the experiments.

C. G. S.

LECTURES ON DISEASES OF THE STOMACH AND INTESTINES, with Modern Methods of Diagnosis and Treatment. By Boardman Reed, M.D. Octavo, 1024 pages: cloth \$5.00 net; half morocco \$6.00. E. B. Treat & Co., Publishers, New York.

This volume embraces a full account of the simplest and least disturbing methods of determining the character of the motor secretory and excretory work of the principal organs having a part in the processes of digestion and metabolism, by examinations of the stomach contents, feces, blood, urine, etc.; together with a full exposition of the subject of diet and the therapeutics of the digestive disorders in general, including indications for the various forms of electricity, x-rays, massage, vibratory stimulation, hydrotherapy, gymnastics,

liquid medication, medical and surgical treatment, etc., in addition to "The Gastro-Intestinal Clinic" in which the diagnosis and treatment of all the known diseases of the tract are separately considered.

This work is better adapted to the needs of the general practitioner than any similar work old or new. The author's lectures on appendicitis embody a complete discussion of that disease from the medical as well as the surgical point of view, describing the more useful non-operative measures, and indicating when operative intervention should be invoked. The work is thorough and up to date on the various diseases of the intestinal tract and digestive organs. It is all that is claimed for it.

C. G. S.

A TEXT-BOOK OF CLINICAL DIAGNOSIS. By Laboratory Methods. By L. N. Boston, M. D. Octavo, 547 pages, with 320 illustrations, Cloth, \$4.00. Philadelphia: W. B. Saunders & Co.

Dr. Boston here presents a practical manual of those clinical laboratory methods which furnish a guide to correct diagnosis, giving only such methods, however, that can be carried out by the practitioner in his office as well as by the student in the laboratory. He has given special attention to outlining in progressive steps the various procedures in clinical technique—such steps being illustrated whenever possible. All the more recent methods for the examination and staining of blood are described and illustrated by original drawings, and the subject of serum diagnosis is very carefully considered. The newer methods for the estimation of sugar, Bence-Jones' albumin, uric acid, and purin, have received thoughtful consideration. The subjects of animal parasites, diseases of the skin, transudates and exudates, and secretions of the eye and ear, have received an unusual amount of space. Attention has also been paid to Inoscopy and Cyto-diagnosis. Indeed the book contains much useful material throughout, and being the latest work on clinical diagnosis, includes the most recent advances along that line.

C. G. S.

SAUNDERS' QUESTION COMPENDS.—ESSENTIALS OF CHEMISTRY, Organic and Inorganic. Containing also Questions on Medical Physics. By L. WOLFF, M. D. Revised by A. F. Witmer, Ph. G. 12mo, 225 pages, illustrated. Cloth, \$1.00 net. Philadelphia: W. B. Saunders & Co.

We need but mention the fact that this little work has reached its sixth edition to prove beyond question its practical usefulness. The recent important discoveries in physics and inorganic chemistry have rendered it necessary, in Dr. Witmer's revision, to make extensive additions almost to every part of the work. The subject of organic chemistry, especially organo-therapy and the substituted ammonias, has also been carefully revised and much new matter added. We find the book unusually excellent. This work, while condensed, is thorough, and can be profitably used by the graduate as well as by the student.

C. G. S.

WOOD ALCOHOL. (Methyl Alcohol.)**A POISON.**

This deleterious product of the distillation of wood is not and never has been used in our laboratory. Physicians aware of the established excellence of our liquids, alkaloids, and concentrations can in all confidence assure their friends that no wood alcohol whatever, under any name whatever, is employed in any part of their manipulation. We use purified grain alcohol only in the making of resins, resinoids, alkaloids, oils, and all spirituous products. Not one drop of wood alcohol has ever entered any one of our liquids, nor is it used in our laboratory in any direction whatever. Physicians desiring to commend our preparations to their professional friends can do so with the utmost assurance that none of the poisonous qualities inherent in Wood Alcohol or any adhering products connected with wood alcohol will disturb their patients.

We know of no reflection having ever been cast in our direction concerning this despicable Wood Alcohol subject, and realize that our patrons fully appreciate our care in their behalf; but, owing to the reflections cast broadly by exceptionally accurate authorities concerning the use of Wood Alcohol elsewhere, both in beverages and in medicines, we propose to announce emphatically that our patrons have nothing to fear in this direction.

Respectfully.

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Cincinnati, Ohio.

JOURNAL ADVERTISER.

ECHAFOLTA. (The Best Remedy for Blood Depravation.)

This is the choicest of all preparations of Echinacea, and has the following history: In 1887 we introduced Echinacea in the form of a tincture. We did this years before any other pharmacist knew of the drug.

As does all percolates of this drug, and all colored preparations of it, the tincture contains impurities which disturb its action and lessen its value. This we early discovered, for crude Echinacea root is a very impure drug. It contains much plant dirt, much sugar, much glucose, much inert coloring matter. These go into ordinary preparations of Echinacea. In surgical cases such impurities of Echinacea may be serious. Coloring matters, organic ferments, and glucose are inadmissible. No colored preparation of Echinacea should be applied to a wound or used internally.

We experimented to overcome these imperfections, and finally discovered how to do so. This was accomplished years ago. The perfected preparation we named Echafolta.

Echafolta is the only perfect representative of Echinacea. It is the preparation that broadly established the value of Echinacea. This we can say by authority, for we introduced both Echinacea and Echafolta, and on our preparations the value of this drug was established.

Whoever has a bottle of Echafolta may accept that whatever is possible of any preparation of the drug Echinacea is at his command.

Echafolta contains no water, no glucose, no sugar, no tannates, no inorganic salts, no albumen, no gum, no coloring matters, no organic germs or organic ferments. Echafolta is clean, but yet is complex. It is a complete representative of the drug Echinacea carrying its full drug value.

The uses and dose of Echafolta are given in full on each label. It is a marvelous remedy—the most popular of all remedies in diseases that involve blood depravation. It is a corrector of blood dyscrasia, non-poisonous, and has advantages over all other medicaments for this purpose. Its field of usefulness is already great, and yet, is not fully developed. To all this the medical profession attests. Physicians using Echafolta commend it to their professional friends who in turn praise it to others. Thus the reputation of this choice remedy, now the standard for sepsis, was established before the crude drug from which it is made was known to commerce.

In our recent pamphlet on Libradol, a remedy that relieves pain by local application, mention is made of Echafolta. This brings to us a great number of inquiring letters, inasmuch as the field of Echafolta is one of the most important confronting physicians. In response to these requests the present treatise is prepared, the object being to extend information concerning Echafolta and its uses. Let us repeat that we make no family medicines, secret mixtures, or self-cures for the people, our preparations being prescribed by physicians and obtained through their druggists. To plant preparations, our specialty, we have for years devoted persistent study, and our products are representative. Let us hope that Echafolta, a remedy as invaluable in its field as is Libradol in its own, may prove as useful to physicians who are now unacquainted with that preparation as is Libradol to those using that effective remedy for pain.

Echafolta is carried in stock by every jobbing druggist in America. It is to be obtained in original vials at the following prices: Four ounce, 55 cents; eight ounce, \$1.00; sixteen ounce, \$2.00. Should the remedy not be at command of a physician desiring it, we will mail a four-ounce bottle on receipt of 77 cents. As has been said, each bottle is accompanied by detail uses and doses.

LLOYD BROTHERS, CINCINNATI, OHIO.

THE SURGICAL TREATMENT OF BRIGHT'S DISEASE. By G. M. Edebohls, M. D. F. F. Lisiecki, publisher, New York.

The author of this work is well known to the medical profession, and what he says is worthy of consideration. Whether decapsulation really offers a cure for Bright's disease or not, remains a matter of debate. Dr. Edebohls puts up a good argument, and sustains it by citation of numerous cases wherein operation was done with cure as a result. The book is worth study, as any means offered for the relief of Bright's disease ought to have a hospitable reception. An argument backed up with facts as gained from personal experience, is always entitled to consideration.

A. F. S.

SAUNDERS' QUESTION COMPENDS — ESSENTIALS OF NERVOUS DISEASES AND INSANITY: their Symptoms and Treatment. By John C. Shaw, M. D. Fourth edition, thoroughly revised by S. E. Jelliffe, M. D. 12mo. 196 pages, fully illustrated. Cloth, \$1.00 net. Philadelphia: W. B. Saunders & Co.

A complete little work well adapted to the needs of the busy physician. The chief diagnostic features of the principal nervous disorders are briefly but clearly pointed out. Should a larger knowledge be desired, more extensive works can be consulted. That this number of Saunders' Question Compendes has reached its fourth edition, is sufficient evidence of its popularity.

L. W.

COLLEGE AND SOCIETY NOTICES.

TO INDIANA ECLECTICS.

We view with no little pride the history of our cause in our State during the decade just past. The record of the State Association is the index to the individual interest of the body throughout the State, and few States can show a more lively set of Eclectics, who have rallied to the support of our banner, than Indiana. We have passed through the scenes of discouragements and factional strifes, and today stand out boldly, upholding the principles and truths of Eclecticism. Let us keep up our standard by closer union, with which to prevent any effort that may be brought forth to destroy our identity, either by legislation or for individual gain.

The fact that we now enjoy a fairly well enforced law governing the practice of medicine should not lull us into a state of confidence and security. Only four years ago our law was assailed by a measure having its origin in the caucus of the Allopathic camp, and for its object the destruction of its vital features. Legislation is again talked of this winter, and must we remain idle and allow our enemies to steal a march on us, and push us to the rear?

We learn from reports that a more assiduous method is being used, where our men are isolated from their fellows, or from their associa-

tion. They are asked to join Allopathic county and district societies.

Indiana Eclectics never before enjoyed so much power and popularity, nor were they so well organized as they are at this time. Never before was it so important to be in everything Eclectic. Choose Eclectic associates, join Eclectic societies, and do not, we beg of you, hope to renew our ranks from any quasi Eclectic or Allopathic Colleges. If you are an Eclectic, be loyal to yourself and all others; be active by supporting in a dignified, not offensive manner, the truths of Eclecticism, by casting your influence with Eclectic associations, and by sending your students to Eclectic colleges.

We ask that every Eclectic within our borders attend our next meeting, which will be held on May 23d and 24th at the Claypool Hotel in Indianapolis.

Fraternally yours,

F. L. HOSMAN, M. D., Cor. Sec'y.

Central Ohio Eclectic Medical Association.

The first meeting of the new year of this Association was held in the parlors of the Algonquin hotel at Dayton, Jan. 23d. The meeting was an overflow in point of attendance, in enthusiasm, and in Eclectic fellowship. The society is growing rapidly, ten new members joining at this meeting, bringing the membership up to almost 40. The old officers were re-elected for 1905, with the exception of the Vice President, which went to Dr. J. P. Dice, of Xenia.

Prof. J. U. Lloyd was present, and gave an interesting address, and Prof. Russell made an address, urging the Eclectics of Dayton to organize a county society.

Clinics presented by Drs. Harbert and Chalfant, of Bellefontaine, proved interesting, and each case was followed by lengthy discussions by different members.

Upon the invitation of Dr. Madden, the society decided to hold its next meeting at Xenia, March 7, 1905. We extend a cordial invitation to all Eclectics in this district to join us, and are always glad to entertain visitors.

L. E. RUSSELL, President.

GUY J. KENT, Cor. Secretary.

Resolutions.

Whereas, it hath pleased the Father of all to remove from our midst our beloved brother and friend, Charles J. Cooper; and

Whereas, by the death of Brother Cooper our Chapter has lost one of her most esteemed members, the profession one of her most brilliant and active followers, and the wife a loving and beloved husband, therefore—

Be it Resolved, That we, his brothers in the Eclectic Philomatheans, extend to her, our esteemed sister in the Eclectic Philomatheans, our sympathy, and commend her to the care of the Great Physician, who careth for all; and

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Antidiphtheritic Serum

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the Most
Exactng Re-
quirements of Mod-
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AND THUJA AND OF UNIFORM
STRENGTH, IS ANTI-PURULENT,
ANTI-SUPPURATIVE, ANTI-MOR-
BIFIC, AND IS SPECIALLY INDI-
CATED IN BREAKING - DOWN
CONDITIONS OF THE FLUIDS,
TISSUES, CORPUSCLES, AND
DYSCRASIA OF THE SECRE-
TIONS.**

BROMIDIA IODIA PAPINE
BATTLE & CO., CHEMISTS **ST. LOUIS, MO., U. S. A.**
CORPORATION,

Be it further Resolved, That a copy of these resolutions be spread upon the minutes of the Chapter; that a copy be sent to the Eclectic Medical Journal for publication, and a copy be forwarded to the bereaved wife.

Done in regular session, Dec. 10, 1904.

F. H. FINLAW, D. M. ULERY, Chairman.
P. H. STOCKFLETH, W. H. H. SCHROCK.

Committee.

STATE ECLECTIC MEDICAL SOCIETIES.

NATIONAL—President, W. E. Kinnett, M. D., Yorkville, Ill.; Corresponding Secretary, H. H. Helbing, M. D., St. Louis, Mo. Next meeting at Saratoga Springs, N. Y., June, 1905.

ARKANSAS—President, W. S. May, M. D., Gurdon; Secretary, Jas L. Vail, M. D., Little Rock. Next meeting May 10, at Little Rock.

CALIFORNIA—President, W. A. Harvey, M. D., San Francisco; Cor. Secretary, W. B. Bolton, San Pedro.

GEORGIA—Pres., John H. Goss, M. D., Decatur; Sec'y, G. A. Doss, M. D., Atlanta. Next meeting at Atlanta, April 3-4, 1905.

ILLINOIS—President, J. D. Robertson, M. D., Chicago; Sec'y, W. E. Kinnett, Yorkville. Next meeting at Peoria, in May, 1905.

INDIANA—Pres., Q. Robt. Hauss, Sellersburg; Cor. Sec'y, F. L. Hosman, M. D., 2212 Martindale ave., Indianapolis. Next meeting at Indianapolis, May, 1905.

IOWA—Pres., L. E. Eslick, M. D., Rockwell City; Cor. Sec'y, J. B. Horner, M. D., Lamoria. Next meeting at Des Moines.

KANSAS—Pres., J. T. Blank, M. D., Elk City; Sec'y, E. B. Packer, M. D., Osage City. Next meeting at Topeka, May, 1905.

KENTUCKY—Pres., W. R. Ruble, M. D., Lexington; Sec'y, Lee Strouse, M. D., Covington. Next meeting at Louisville, May 11 and 12, 1905.

MASSACHUSETTS—Pres., Lydia Ross, M. D.; Sec'y, Asa L. Pattee, M. D., Falmouth. Next meeting in Boston, June 1-2, 1905.

MISSOURI—Pres., D. S. Talbot, M. D., Appleton; Cor. Sec'y, Geo. E. Krapf, M. D., St. Louis. Next meeting at Excelsior Springs, June, 1905.

MICHIGAN—Pres., W. H. Snyder, M. D., Hastings; Sec'y, F. B. Crowell, M. D., Lawrence. Next meeting at Jackson, May, 1905.

NEBRASKA—Pres., D. L. Palmer, M. D., Holdredge; Sec'y, W. N. Ramey, M. D., Lincoln. Next meeting at Lincoln, May, 1905.

NEW ENGLAND—Pres., Algernon Fassett, M. D.; Sec'y, Sylvia A. Abbott, M. D., Taunton, Mass. Next meeting at State House, Montpelier, Vt., June, 1905.

OKLAHOMA—Pres., W. T. Ray, M. D., Kelly; Secretary, E. G. Sharp, M. D., Guthrie. Next meeting at Guthrie, May 10, 1905.

NEW YORK—Pres., W. J. Kraus, M. D., New York; Sec'y, Geo. W. Boskowitz, M. D., New York. Next meeting at Albany, 1905.

OHIO—Pres., Charles Gregory Smith, M. D., Cincinnati; Cor. Sec'y, John J. Sutter, M. D., Bluffton. Next meeting at Columbus, May 2-3 4, 1905.

PENNSYLVANIA—Pres., Frank Livingston, M. D., Johnstown; Cor. Sec'y, E. H. Moore, Pittsburg. Next meeting at Harrisburg.

SOUTH DAKOTA—Pres., J. C. Greenfield, M. D., Avon; Sec'y, W. E. Daniels, M. D., Madison. Next meeting at Yankton, May 16.

TENNESSEE—Pres., Thos. E. Halbert, Nashville; Cor. Sec'y, A. L. Daniel, M. D., Lohleville. Next meeting at Nashville, May, 1905.

WASHINGTON—Pres., M. L. Doom, M. D., Tacoma; Sec'y, R. L. Chase, M. D., Bothell. Next meeting at Seattle, September 20, 1905.

WISCONSIN—Pres., G. R. Hill, M. D., Kendall; Sec'y, F. P. Klahr, M. D., Horicon. Next meeting at Milwaukee, May, 1905.

WEST VIRGINIA—Pres., L. N. Yost, M. D., Fairmount; Cor. Sec'y, Geo. Snyder, M. D. Next meeting at Clarksburg, May 17-18, 1905.

PERSONALS.

DIED—At Crawfordsville, Ind., Jan. 24th, Dr. J. R. Duncan. Dr. Duncan had been President of the National Eclectic Medical Association, and was one of the most prominent of the older members of the Indiana Eclectic Medical Society. He was a graduate of E. M. Institute in 1859, and practiced medicine over 45 years.

Our readers will regret to learn that Dr. W. E. Kinnett, President of the National, has been in ill health for some time, and was ordered south, and is spending the winter months in Ozone, Fla. He expects to return to Yorkville, Ill., some time in April, when we trust he will have fully recovered his health.

LOCATION.—Good location at Pawnee, Kas. For further particulars address, J. E. Morrison, postmaster, Pawnee Station, Kas.

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READING NOTICES.

WM. S. MERRELL CHEMICAL CO., Cincinnati, O.:

Gentlemen—Some time ago you wrote requesting me to give my experience in the use of Nephrosen. Would say first, that I have never given a testimonial before in my life for any proprietary medicine; but I must say that in the use of Nephrosen I have found it to be a remedy par excellence in diseases of the kidneys and bladder.

My first case in which I tried it was a man 72 years of age. Diagnosis, Bright's disease of kidneys. General anasarca, feet and legs

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The building is warmed by hot water. Our lawn is ample and well shaded. Patients here find rest and comfort while being treated. Write us, state patient's condition in full, and ask for rates and circular.

PROFESSIONAL CORRESPONDENCE SOLICITED.

BISHOP McMILLEN, M. D., Sup't.

Address, Shepard, Ohio.

swollen to double their normal size; abdomen so large that pants would not meet by 10 inches. Urine was loaded with albumin and the various casts and cells due to a broken down kidney or kidneys. I informed the family of his condition, and gave an unfavorable prognosis—said that owing to age and disease he would not be apt to recover. They thought that possibly I might be mistaken, and asked me to take a sample of the urine and send it to a son-in-law in Indiana who was a practicing physician. I did so, and he took it to a specialist, who pronounced it a case of Bright's disease without a doubt. During all this time I had tried the various remedies without any change in his condition, with the exception that I had drawn off a good deal of water through the bowels by catharsis.

After I had tried all the known remedies, I was casting about for something else when I ran onto Nephroson, which I put him on along with the various other tonic remedies. Before he had used one bottle the albumin and the debris in the urine commenced to lessen, and inside of three months, under the continued use of the drugs, he was pronounced well, and at this date, 16 months after, is able to attend to customers in his store without any return of the disease whatsoever.

Am using it now on two other cases with apparent good success.

Truly yours, Wm. F. FEE, M. D., Meade, Kan.

The Massachusetts Medical Journal recently published the following, which will no doubt be interesting to our readers:

"We believe that members of the medical profession should familiarize themselves with the combination tablet of antikamnia and heroin. The first of these, antikamnia, years ago, established a prominent place for itself as a most reliable antipyretic, antineuralgic and general pain reliever, while heroin is, by all odds, the most efficient of recent additions to our list of remedies. The advantages of this combination are fully illustrated by a report of cases submitted to us by Dr. Uriel S. Boone."

The uniformity, reliability, and promptness of action of Daniel's Conc. Tinct. Passiflora Incarnata, as a nerve sedative and hypnotic in hysteria, nervous headache, restlessness and epilepsy, make it the best preparation on the market to-day. In the case of a boy nine years old suffering from angina pectoris, passiflora quieted the heart's action, toned the nervous system, and gave satisfactory results when nothing else seemed to give relief.

In sleeplessness from extreme nervousness, due to overwork, passiflora causes the nervous system to be relaxed and the nervousness to gradually disappear. It is the ideal remedy for tired and worn-out nerves. A physician who had treated a dangerous case of tetanus concludes with this remark: "Convulsions frequent and severe were controlled with Daniel's Passiflora."

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**A Perfect, Non-Poisonous, Antiseptic,
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This space does not permit more than a brief hint at the therapeutic value of Eusoma, but our booklet, giving EXACT formula and full description of the remedy will be sent to physicians upon application; also sample, post paid, for the asking.

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Have You a Stomach

under treatment in which there is every evidence of insufficient gastric juice?

Perhaps you have tried pepsin and found it useless.

Have you ever attempted to establish normal gastric secretions by stimulating the digestive glands and exciting the appetite? It's the most natural and effective method of treating these forms of dyspepsia due to gastric insufficiency.

Ext. carnis fl. comp. (Colden) contains a number of the more potent of the so-called chemical or physiological excitants of the digestive glands. Administered twenty minutes before meals, it will stimulate the appetite, increase the quantity and quality of the gastric juice and add tone to the entire digestive tract. Sold by all druggists. Write for literature.

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VOL. LXV.

CINCINNATI, MARCH, 1905.

No. 3.

ORIGINAL COMMUNICATIONS.

AN IDEAL.

By L. E. Russell, M. D., Cincinnati.

It seems ever since the creation of man there has been an image, a type, an ideal representation of a human being, which exerts a strong, guiding influence on the life of every thinking person. God, in the beginning, said, "Let us make man after our own image and likeness," and after His image he created him. It is in art chiefly that man has tried to copy or express the divine image within his mind. Art is truly man's study of himself, and a study which appeals strongly to our human sympathies. The history of the progress of painting and sculpture, especially of sculpture, during the successive ages of civilization and thought, is the story of the development, growth and variations of the ideal of physical and moral perfection. In looking upon a faultless statue we experience an inspiration and an enchantment that almost leads us up to a form of worship standing between God and man. The idealistic representation and skill of the artist creates a human being, only lacking the breath of life.

In the early ages, long before the days of Moses, the Egyptians were making images of wood, limestone and granite: creating their visible gods, and perpetuating the memory and recording the deeds of their kings and national heroes. They had no chisels, but used "points," hatchets and hammers, and were masters of their art. Grecian sculpture has been the

model and inspiration of all succeeding ages. All criticism of their exquisite statues must be but a eulogy. And their art is a key to their character. Note the grace and harmony, the beautiful simplicity, and the quiet joy embodied in their creations! But we must bear in mind that if their ideals were higher and lovelier than had yet been known on earth, it was, no doubt, because their hearts were simpler, their minds more cultured, and their health better. We know that their bodies were almost perfect: and this physical perfection was not only the result of careful training, but of temperance and cleanliness as well. Rome followed and imitated Greece in the plastic art; and adorned her temples and public buildings with marble gods and heroes. And so on down through the ages, even until our own prosaic age, in every civilized land, man has tried to give expression to his ideal of human perfection.

The figure in the frontispiece of the Venus de Medici is perhaps the most representative marble cutting of woman ever given to the world; although the Venus of Melos is by many thought to be far superior to her sisters, and will always be admired for her grace and beauty of face, and the charming expression of life given to the marble by the unknown artist. When this Venus de Medici, from the Portico of Octavia, was gathered up in eleven fragments,—which were replaced, as you will notice from the cut,—it passed into the possession of the Medici family, and afterwards to the Uffizi Gallery in Florence, Italy. The sculptor of this figure was Cleomenes of Athens; who, it is supposed, took as his type the Aphrodite of Praxiteles; although we are inclined to believe that he followed Nature in the selection of his type; and hence it is that this statue of Venus, representing ideal physical womanhood, is a work of truth for all time. In art, as in most other things, the "survival of the fittest" is the test of worth. To the Grecian mind the statue of Venus was the marble realization of female loveliness and perfection.

Let us now, in the light of this twentieth century, adopt this form of Cleomenes' as an ideal type of womanhood; realizing as we must that there is no place where aught can be added or taken away, which could make the work of the artist more perfect. Let us also, as we must, consequently, carry this ideal as a true model of health; and from this picture draw our inspiration, and by the rule as announced by our old teacher, Professor Scudder, of "excess, defect, or perversion." With

this rule as a guide, we shall always have a good idea from which we can classify diseased and perverted physical conditions.

The physician must always have an ideal lying side by side with the patient. It may not be the form of a Venus, but it must be an ideal picture of the patient as he or she has appeared and should appear in health; and as the physician carefully examines the case, he looks at his model and then at his patient, backwards and forwards, commencing at the features, and continuing the examination until he has thoroughly mastered every lesion which may have assailed his patient, and wrought havoc in the physical condition. It is this thorough, scientific study of every case, and comparison with an ideal, that will advance the physician in the art and science of medicine. Disease can only be recognized by this constant, careful comparison with the standard of healthy organism; hence the importance of comparison and contrast with an ideal being, so that the departure from normal may be detected and the cause ascertained. Health consists in a free, natural condition of the structures and the functions of the several parts of the body, in which Nature performs the good offices so kindly and well that there is a reciprocity in which the whole structure shows little knowledge of the intricate workings of the other parts.

Let us now sit down by the bedside of a case, and begin our careful study, keeping all the time in mind the anatomy and physiology which holds such an important place in the diagnosis of lesions. What shall we say of the expression of this patient's face? Does it give evidence of pain, apparent by corrugations, or wasting or pinched features? What shall we say of the eyes? Are the eyeballs suffused, the pupils dilated; or have we the reverse, contracted pupils, and a bright, fiery look, as though there were some determination of blood to the brain, or irritation of the nervous system? Through the pupil of the eye let us examine with the ophthalmoscope. Can we not get the first evidence of a diseased condition, pathognomonic of a kidney lesion? Will it not give us direct proof of certain nervous conditions, before nature has done irreparable damage?

Observe now the breathing of the patient, as shown by the expansion and contraction of the wings of the nose (alae nasi). May we not get our first warning of a progressive dissolution from this one sign, if carefully noted? Or will it not give us

proof that speaks plainly of a lesion within the thoracic cavity? Let us note also the condition of the vermilion of the lips; and of the coating of the tongue, that tells volumes of the wrongs of digestion, and of a perverted nervous system. Note, also, if you please, the condition of the ears, those appendages which so often are neglected, and which so promptly tell the anemic state of your patient.

With this summing up of the features, you have got much direct evidence; and you are now in a position to listen, and to sift the testimony, and translate its meaning, as presented by the words of the patient. We continue the examination, pinching up the cutaneous tissue of the neck, to ascertain the elasticity or non-elasticity of this tissue. If the parts assume their normal speedily, we know there is fairly good innervation; while if the reverse be the case, we think of a perverted condition—it may suggest that the patient has been suffering from night sweats or a low vitality, where the cutaneous surface has been gradually perverted from its normal function, making other organs, especially the kidneys, do double duty. From this source we learn also if there has been a wasting of the tissues as apparent by the wrinkled condition; with the points of the clavicle giving *prima facie* evidence of the primary lesion to the apex of the lungs. Do we not acquire proof of uterine lesions from the condition of the thyroid gland?

With the ideal before us we examine the thoracic walls, having the patient at the same time take long and deep inspirations. Find out what the intercostal muscles reveal by defective or perverted action. If we find bulging of these muscles on one side, does it not tell us of fluid within the pleural cavity? Here we may compare this patient's thorax, step by step, side by side; and by percussion and auscultation arrive at a pretty definite conclusion as to whether nature is normal in her work in the functions of inspiration and expiration, and if there be healthy or diseased lung tissue. We may also stop here a moment and compare the heart-beats with the respiration, to see if the proper rhythm be carried out. We note also the excess, defect, or perversion of the muscles of the arms and thorax, and take into consideration the use or abuse of the parts by their proper or improper development.

We may continue our examination with this same minuteness, comparing and contrasting the organs of the body, until we can come to a definite conclusion; and by so doing we shall eventually learn what organs are normal and what abnormal;

then it is that after sifting the evidence as given by the patient, we are capable of prescribing wisely the remedial agents looking toward the restoration of all the normal functions of the body. Let every physician study each case with this care, and my word for it, in time his services will be in demand as never before, and he will have acquired a skill in the art of diagnosis and prognosis that will for years to come be of inestimable value to himself and to the community.

THE THERAPEUTICS OF ERGOT.

By A. B. Conklin, M. D., Ambler, Pa.

There is ergot, and there is ergot. Whilst I freely accord to others the right I claim for myself, viz: the right to choose whatever preparation of the drug suits the requirements of the individual prescriber, I insist that if the full therapeutic results are to be expected, a preparation must be employed which represents the full therapeutic properties of the drug. These I am satisfied are not possessed of any alkaloid, or other so-called active principle of ergot.

I have been a great admirer of ergot for years, and have made a liberal application of the drug, aside from its obstetrical uses, which by the way should be the most limited use, and the uniformly good results I have had from Lloyd's ergot, have led me to look upon it as a most reliable fluid form of the drug. It may be used either by the mouth, or hypodermically, and throughout the following article I beg to be understood as speaking only of such therapeutic action as I have gotten from this particular preparation, admitting at the same time that there may be other preparations of the drug from which as pleasing results may be had.

Ergot, when taken into the human economy, shows a dual action which is fairly proportionate to the size of the dose, or the length of time which the drug is taken. The one represents its influence over purely physiological functions, and should be interpreted as the true physiological action of the drug, while the other is truly pathological and represents the toxic action of ergot—ergotisin.

Since the therapeutic application of ergot never contemplates the production of its toxic effects, these phenomena need not engage our attention here; but for the reason that the specific indications for the use of ergot are such as call for the production of its physiological action, we shall profit in our study

of the therapeutics of ergot by studying briefly, first, its physiological action. While ergot has a wide range of action, its every therapeutic possibility is to be explained by its influence upon a single type of tissue, unstriped muscular fiber. We may summarize the action of ergot thus: it imparts tonicity, and causes contraction of unstriped muscular tissue.

And what is the distribution of this kind of tissue? It comprises the muscular coat of the arteries, veins and lymphatics, but not the heart; the muscular layer of the skin and mucous membranes, the muscular portion of the trachea and bronchi, alimentary tract below the middle third of the esophagus, including the gall bladder and common duct, the pelvis of the kidney, the ureters, bladder and urethra, the generative organs of both male and female, the iris, Wharton's duct and the capsule and trabeculae of the spleen.

Thus is mapped for us the sphere of its action, and a careful estimate of the result of stimulating the contraction of these various organs and tissues will suggest the *rationale* of the most widely diversified curative action of ergot, and point possibly to untried uses of the remedy. Nor is it essential to a clear comprehension of the therapeutics of ergot that we be able to say if it have a direct action upon the muscle, or if it be indirectly through its nerve supply, though it is probably the latter, as it is known that the blood vessels are under the control of vaso-motor nerves, and ergot is, furthermore, known to impress the motor centers to the extent of inducing convulsions when given in tonic doses. With no other remedy, perhaps, is it more true that the specific indications for its use are confirmed by the physiological action of the drug.

Broadly speaking, the organs mentioned above as possessing unstriped muscular tissue may be readily classified into two distinct groups, which cover the entire range of action of ergot, (1) the organs of circulation, and (2) the remaining hollow viscera.

Bearing in mind that the arrangement of the unstriped fiber, in the blood vessels, is in their circular coats, its contraction, as may be seen, produces a lessening of the diameter of the vessels—a narrowing of their lumen. Again, bearing in mind that the most liberal distribution of muscular tissue is in the arteries, and furthermore, that it increases inversely as the size of the vessel, it becomes readily apparent that the action of ergot upon the blood vessels is very largely its action upon the arterioles and smaller arterial trunks alone.

An inevitable result of thus contracting the peripheral circulation is to dam back the blood stream, thus raising blood pressure and putting more work upon the heart. Following the use of ergot it is true the heart's action becomes slower and more forcible, from which it has been assumed, though erroneously I think, that ergot exerts a direct tonic action upon the cardiac muscle. A moment's reflection will show that the modified heart action is but the logical sequence of the increase in blood pressure, in keeping with Marey's law; and thus it is seen that the action of ergot upon the circulation is its action upon the blood vessels only. The heart does not possess unstriated muscular fiber.

The therapeutic results coming from the action of ergot upon the circulation and brought about either (1) directly by its action in contracting the vessels, as in the relief of hemorrhage, checking mucous fluxes or undue glandular activity, or (2) indirectly by increasing blood pressure, as in the relief of shock and heat exhaustion, or by relieving the pressure upon extra-vascular tissue, as in the relief of congestive migraine and dysmenorrhea.

As elastic tissue predominates in the blood vessels of the lungs proper, while muscular tissue is relatively scant, and as these vessels are not supplied with vaso-motor nerves, it is hard to conceive how ergot could influence them to contract, hence its doubtful efficacy in hemoptysis, as attested by so many clinicians, though of unquestioned value in many other forms of hemorrhage.

Bronchial hemorrhage, epistaxis, bleeding gums, hematemesis from simple ulcer or cancer; hemorrhage of the bowels from simple ulcer, cancer, typhoid fever or chronic diarrhea; hematuria, metrorrhagia and capillary hemorrhages in general may be very well controlled by the use of ergot in $\frac{1}{2}$ to 1 drachm doses every $\frac{1}{2}$ to 3 hours, according to the urgency of the case. In profuse nontraumatic hemorrhage a single hypodermic injection of Lloyd's ergot, in dose of a drachm, is to be preferred for its more prompt action.

In cerebral apoplexy from vascular rupture no single remedy is of more value in contracting the torn vessel and controlling the hemorrhage than is ergot. Another strong indication for ergot in such cases is the condition of shock, which will be more fully discussed later. Here again the full hypodermic dose should be employed at frequent intervals until its full physiological effect is apparent, as the cerebral nausea and

vomiting that usually occur render all medication by way of the stomach very unreliable.

The condition of the circulation in extreme shock, or collapse, is the picture of vaso-motor paresis, while such additional symptoms as an involuntary escape of the urine and feces tell the tale of paretic relaxation of the sphincters, also unstripped muscular tissue. The pale, cool, relaxed skin, with perspiration oozing from every pore, and a discharge flowing from every mucous surface, the pulse soft, rapid and compressible, and the heart action rapid, feeble and lacking in force, all imply a lack of tonicity in unstripped muscular tissue.

I am satisfied the physicians are far too few who sufficiently appreciate the value of ergot in the relief of shock. Nor does it matter whether the circulatory symptoms of shock are of traumatic, surgical or emotional origin, or occur from heat exhaustion, cholera in its algid stage, collapse from cholera infantum, or cholera morbus, as a part of a congestive chill, at the crisis of typhoid fever, when relaxation is profound, in extreme anesthesia varcosis, or in alcoholic inebriety. The condition of the circulation is the same in all, differing only in degree, and no other remedy meets it so well as does ergot. Belladonna probably comes as near it as any and may sometimes be used with it to good advantage.

I would state the special indications for ergot thus: a pale, cold, relaxed skin, bathed in cold, clammy perspiration, the mucous secretions being likewise increased with involuntary passages from the bowels and bladder. The pulse is soft and easily compressed, rapid, feeble, and possibly intermittent. The heart's action is increased in frequency, but lacking in force, and well expressed by the word fluttering. Its cavities are not filled and the heart lacks blood on which to act, instead of being itself weak. The blood vessels must be made to return to their normal caliber, thus restoring blood pressure and returning to the heart a normal volume of blood, when it in turn will take on a firm, steady action.

In striking contrast is the case calling for heart stimulants. With it the heart is relatively weak in relation to the work to be performed. Either a weak heart is struggling to maintain the normal circulation, or a normal heart is being overtaxed with greatly increased blood pressure, or some other impediment to the circulation. In such cases strychnin, caffeine, digitalis, alcoholics or glonoin, as indicated, are to be employed,

but in shock, or collapse, the hypodermic use of ergot will give results that can not be induced by the cardiac stimulants.

From the very limited and only recent mention that has been made of its use in surgery I am persuaded that the value of ergot in operative cases is not known to the extent that it should be. A few men report having demonstrated that a full hypodermic dose of ergot, given just before taking an anesthetic, and repeated if the anesthetic is long continued, not only greatly lessens the amount of surgical shock, but very much modifies the unpleasant after effects of the anesthetic, and so fortifies the circulation as to reduce to a minimum the dangers of anesthesia narcosis. It mitigates the feeling of nausea, controls the retching and diminishes the frequency of vomiting. The relaxation incident to complete anesthesia involves, to a greater or less extent, the involuntary as well as the voluntary muscles. By preserving the tonicity of the vascular walls with ergot, congestion is prevented, and if there be no congestion there can be no inflammation, and thus ergot has a preventive action upon post-operative inflammation. In laparotomy cases, where ergot has accompanied the anesthetic, less trouble than usual has been experienced in getting an action from the bowels, for the reason that ergot stimulates peristalsis.

In obstinate vomiting following an anesthetic, I have had the very best results from ergot hypodermically.

Exposure to excessive heat produces two distinct pathological conditions designated respectively, heat stroke, or thermic fever, and heat exhaustion. The former is marked to a phenomenally high temperature (110°-115° Fahr.), and calls for antipyretic measures; while cases of heat exhaustion show a sub-normal temperature, cold, clammy perspiration, and all the symptoms that go to make up a picture of profound shock and vaso-motor paresis. In these cases antipyretic measures are emphatically contra-indicated, while ergot, in drachm doses, hypodermically administered, is as strongly indicated.

[TO BE CONTINUED.]

NEW SURGICAL PROCEDURE FOR HYDROCELE.

By G. Helbing, M. D., Bonham, Texas.

Some time ago a man came to our office stating that there had developed for a month or two a swelling in his scrotum, and requested an examination, which disclosed the fact that he was suffering from hydrocele. He asked what would be neces-

sary to cure the disease. After explaining to him the necessary surgical proceeding to bring about a cure of the trouble, he concluded to wait before submitting to the treatment. Seeing him frequently after that, we would inquire how he was getting along. He would say "All right," and add that he would wait a while longer before submitting to the operation.

This waiting continued for about four or five months. On a certain day after that, he was coming down street, and we were able, at quite a distance from him, to outline through his clothing a very much enlarged scrotum, and we supposed that he was ready for the operation to cure the hydrocele. Not so, for as soon as we met he at once, without any inquiry on our part as to his condition, commenced telling that in climbing over a fence in some manner he had injured the diseased scrotum; that it was somewhat painful. He thought that the pain was only temporary, caused from the hurt; in a few days it would be all right, and he concluded to wait as usual; however, his condition was such that we were certain he would require our services very shortly, and he did, as he sent for us the next day.

We found the parts enormously enlarged, far beyond what we anticipated. Proceeded in the operation according to the technique laid down in the text-books for the cure of hydrocele. After introducing a trocar and canula to draw off the fluid contents, several attempts failing to obtain any fluid through the canula, I injected a very weak solution of common salt, thinking it might possibly so liquify the contents that they would flow through the canula. Upon my return the next day I not only found matters just the same as the day before, but I detected a putrefactive condition. I at once concluded to make a radical departure from the technique usually advised.

After a thorough cleansing of the parts and applying a four per cent. solution of cocaine, I made an incision of about five inches in length along the scrotum, terminating at the most depending part to insure perfect drainage. I then cleansed the parts thoroughly with a solution of permanganate of potassium, dried the wound with absorbent cotton, and dusted the parts with boric acid and asepsin. I then took a strip of adhesive plaster about $1\frac{1}{4}$ inch wide and applied in a spiral form around the scrotum, making perfect apposition of the incised parts, and leaving sufficient opening at the lower end of cut to insure perfect drainage.

As I anticipated adhesions would take place of the testicles to the surrounding tissues, I kept the patient in the recumbent position, with a pillow between the legs, upon which rested the scrotum, keeping the testicles well up to the body, so that the adhesions would serve as a support to the testicles, and thus relieve that dragging sensation so painful and annoying.

Healing proceeded by first intention, and I met the patient in about three weeks and he assured me that he was in better condition than before the operation; he said the dragging sensation even before he suffered from hydrocele had all disappeared, and that all the normal functions of the parts were perfect.

Now, while there is nothing extraordinary in this case, I wish to emphasize the fact, that we should not implicitly and without questioning follow the teaching laid down in the text-books when we are confronted with a surgical operation that by a carefully devised plan promises better results. At times, as a general thing, it is only by a radical departure from the well-trodden paths of the past that new discoveries are made.

While other operators may have treated hydrocele, as here described, no published account, so far as I am able to learn, has ever been made. The pronounced success in this case, complicated as it was with traumatism, has encouraged me, and hereafter I shall adopt the incising method instead of the puncturing with the trocar for the cure of hydrocele. Another feature against the latter procedure is the fact that we are compelled in some cases to repeat the operation two or three times to effect a cure; as it is next to impossible to evacuate completely the entire cystic fluid in hydrocele by puncturing. The remaining fluid, together with the injected irritant, causes a longer period of absorption, thereby prolonging recovery and adding greatly to the patient's discomfort.

Now, in conclusion, I wish to state that no doubt the traumatism in this case developed the inflammatory process that destroyed the cyst that produced the primary hydrocele. Given a case of idiopathic hydrocele, I would suggest making an application of some irritant to the cyst wall after incising the scrotum, to prevent a reproduction of the disease.

PARISIAN MEDICAL CHIT-CHAT.

Translated by T. C. Minor, M. D.

Michaud's attack on Pasteur's memory. A new scientific religion. Pasteur as a pilferer of the ideas of others. The commercial chemist, not even a physician, who led the medical profession by the nose in the nineteenth century.

I have noted for more than a year past how a certain medico-historical publication has sustained a curious polemic. I say curious, not that I esteem the journal of much interest, but because it points a finger towards a matter altogether new. Since Pasteur is dead, he has become a god, and his hypotheses have grown, to certain ones, a perfect dogma, having the character of a new religion. Microbiology is a religion now, and Pasteur its god.

A physician of the Parisian suburbs, having read an article I consecrated to the medical opinions of Alembert, found some lines on the celebrated experiments of Needham, the head Turk of Voltaire. I expressed, *en passant*, the regret that any physician occupying a place in history had the idea of writing an impartial study on *spontaneous generation before Pasteur*. There are many men who have a love for writing, or rather, for seeing themselves in print.

"How sweet it is to see one's name in print.

A book 's a book, although there's nothing in t."

Such men usually have no ideas of their own. My suburban friend jumped on my article, and wrote an essay upon the principal physicians, or biologists, rather, who studied this subject before the time of Pasteur. I am speaking now of spontaneous generation. This article was composed only of pages of medical history, badly written at that. There was but very little in this document, and its author would have done better to use the compilations of others, without mingling them up with originalities of his own. I called attention to some of his worst omissions, and he could not restrain his irritation. He thought his work a masterpiece, and that he had laid a literary egg, since his article was only half embryonic. Such irritation is usually manifested on the slightest criticism of certain new quill drivers, and does not seem to annoy men who are authors by profession, or journalists; no masters have such great personal vanity as amateurs.

Physicians who write, rarely have time, when in the active practice of their profession, to create durable works. This is

why one should most especially know the general practitioners who become authors in the medical profession. This does not prevent medical journals from often being well documented and really scientific. It is useless to so often affirm that our brilliant editor has directed his periodical for over twenty years with a master hand. The journal and its editor who, in other days, published articles on spontaneous generation before Pasteur, is of another nature. I have keenly regretted that the author who cribbed from me on this interesting historical point, has omitted the names of Estor and Bechamp, only saying that these two authors had no real importance in medicine, and, really, counted for nothing. Such lightness is foolish, and does violence to medical history and logic. It even annoys me, and I may add that one would have to ignore all the life of Pasteur if the influence of Bechamp be ignored, for the former famous plagiarist was only the inventor of antirabic serum and a water filter. It was this statement that made my suburban antagonist froth at the mouth like a bull pup with rabies. He knew absolutely nothing of Bechamp nor his works, and showed his ignorance in every line. He pushed his stupidity so far that he even omitted his eulogy on Pasteur.

Nothing is more curious than the reading of these articles, when you have the courage to overlook the tiresomeness that begets a prose that is bad, and decorated with all the borrowed phrases that an ignorant ass can select at random, when given an opportunity like this. Deprived of the last spirit of repartee, and utterly ignorant of the question upon which he writes, this suburbanite distributes his false ideas and seeks to insult the medical scientific intelligence of an old professor, whose name will ever be respected, save by the Pasteurians.

His little cantrip of defamation and insolence has interested certain readers, who have begged me to show how Bechamp ever preceded Pasteur in his discoveries, and that Pasteur always profited by this man's discoveries, without ever deigning to even cite his name. Some provincial physicians have furnished me very perfect notes of information on this subject. *It is only in Paris that one finds confirmed Pasteurians.* In the French rural districts Pasteur and his *isms* are dead. For instance, let us cite such writers as Boucher, Lescuyer, Treilles, Hector Grosset, Bourgeois and Turcoing.

I shall not attempt to give out all the diatribes of my adversary. I have responded, not that I cared for the trouble,

but that our debate seemed to interest the public. Many medical men never heard of Bechamp and his works, and the occasion offered itself to draw attention to a man who had been purposely and very maliciously ignored. A man *whose ideas were stolen by Pasteur*. Let us repeat, in passing, that French rural practitioners read heavy medical works understandingly, while most city doctors are too busy to read anything but medical journals.

The discussion has lasted a year now. My opponent has evidently read only two books, i. e., *The Life of Pasteur*, by Valéry Redot, and the *History of a Spirit*, by Duclaux. These are his desk books, his classics, his breviary. He only thinks as a son-in-law, who enjoys the pension paid by the state to his father-in-law, and as a disciple who has inherited the direction of such a medical commercial establishment as a Pasteur Institute. He has never read Lubandie's work on Pasteur, nor has he read Boucher nor Grosset's criticisms. He is merely a self-opinionated and obstinate man, who will not look at both sides of a question. To his mind, Pasteur is a god, and Duclaux an apostle.

This blind belief in a false medical dogma is all the Pasteurians have to go on. Davaine alone created the history of the disease of malignant pustules, and when Pasteur was accused of literary pilfering, Davaine merely shrugged his shoulders and remarked, "What difference does it make if he does propagate *my discoveries*, so long as he serves the science of medicine as one of its agents?"

There are many men who serve medical science by stealing the discoveries of others. Look at all the numerous manuals on bacteriology. Few of these authors ever made a single discovery in the realms of that science. There are many doctors who have just found out that there was once a Pasteur, but none of them have ever taken the trouble to find out from whence Pasteur stole his ideas. There are multitudes of French doctors to-day who never heard of Bichat, save through the hospital named after him, and the same might be said of their knowledge of Lavoisier.

Thus thinks Micharet, in his sanguinary onslaught on Pasteur's memory, yet methinks, after all, granting that every statement made by Micharet as regards Pasteur be true, that the latter's fame will last longer than Micharet's, for even the memory of that mighty quack Paracelsus is remembered all these years, after his true critics have been dead and forgot-

ten. In France it is the provinces in opposition to Pasteurian medicine and new therapy. It is only the few city specialists who still continue to humbug their patients with the dead toxins taken from diseased horses, that once introduced into the human system, sooner or later, develop new morbid manifestations in poor humanity. Experimental embolism and public medicine in the nineteenth century will go down in the future history of medicine as the most cruel deception ever practised on the public by men calling themselves doctors, blind followers of one creed.

SODIUM SULPHITE.*

By M. H. Logan, M. D., San Francisco, Cal.

Sodium sulphite is found in the market in three forms. First the ordinary commercial preparation, containing seven parts of water, which is necessary to make it a crystalline salt. This preparation slowly effloresces in the air and becomes the sulphate. Next comes the refined or C. P. preparation, manufactured for medical and chemical purposes; it is subject to the same changes as the first, hence not good as a medicine. Lastly we have the anhydrous salt, which is not subject to any ordinary change. When otherwise prepared by the Lloyds, this is our specific medicine sodium sulphite; its aqueous solution is feebly alkaline. When it meets the active hydrochloric acid in the stomach sulphurous oxid is evolved. Thus:



The peculiar properties of this salt are due to the separate and combined effect of its elements upon the environments, including the secretions and any ingesta present, this is modified by an inter-reaction of the elements upon each other, making new compounds, and becoming a physiological reaction. As will be seen, the results are several: first, the primary effect of the salt, more or less mechanical, then to sulphurous oxid, sodium chloride and water, these are all the results of the chemical reaction. Associated with these while reacting there is what is known as the nascent state, at which time an extra chemical vitality is exhibited, adding its possible impetus to the general "physiological" reaction.

According to the eclectic fathers, the specific symptoms for this salt were "pallid, broad tongue, with white or dirty white pasty exudate, and pallid mucous membrane. Feter fermenta-

* Read before the National Eclectic Medical Association, 1903.

tive and putrefactive processes." * * * There may be also a whitish or yellowish coating on the tongue. The peculiarity of this septic condition depends upon the state of the digestive organs, and the condition and character of the food. You are no doubt familiar with normal digestion. An abnormal condition on the other hand indicates a perverted condition of the digestive organs and their ferments, causing an unfinished and imperfect digestion all along the alimentary canal. The intermediate products of such a digestion are composed of first, vegetable matter in a state of fermentation, next, animal matter in the state of putrefaction; the fermentation is accomplished by the torula and sarcina, with an evolution of many fatty acids of the hydrocarbons, such as acetic, formic, butyric, lactic, etc. Putrefaction on the other hand reduces nitrogenous animal matter from the proteids and albuminoids through that progressive ammoniacal group, containing the amines, amides, etc., down the column to such as putrescence, sapine, cadaverine, many well known toxins, leucomaines, ptomaines, tyro-toxin, then follows that numerous offall, including urates, lactates, butyrates, succinic acid, etc., many of which also occur in fermentation. This includes living bacteria and other microbic life.

Now nature's best all around and most perfect antiseptic and general destroyer of temporary things is oxygen. This destruction covers almost every conceivable variety of fermentation and putrefaction. When changing its location, as in the case of the above reaction, oxygen has become nascent under conditions most appropriate to the occasion. The peculiar environment into which oxygen was locked in this salt has evidently left a special impress upon its activity such as found in no situation. Sulphur standing next in order in natural chemism and activity may be said to have parallel attributes, more particularly under the same conditions, hence the fortunate union of these two great synergistic forces. Now sodium, the solid man of this trinity, not only acts to hold these two together and subdue any undue violence that might occur if they were allowed to work free and independent, but performs an inhibitory function as well as having a profound activity of its own.

The usual activities of the metal sodium are well known, its action with water freeing hydrogen, its attacking the weaker chlorides, phosphates, carbonates, etc., and restoring these to new and useful compounds, etc. This whole group in this particular combination makes a most ideal remedial agent, and one unusually well fitted for its particular purpose. All of these

reactions are primarily chemical, and the results are due not only to the primary reactions, but are modified by progressive compounds formed, such as the oxids of sulphur, viz., hyposulphurous, sulphurous, sulphuric, persulphuric, and other thionics. Now there comes sulphur in other relations and as well as the same repeated. Calcium sulphite would be realized further down in the canal. If gotten in no other way sodium chloride would be in sufficient quantity by this reagent. Sodium hydrate should be formed, thus correcting any hyperacidity in the canal. There are no doubt many rare and important chemico-physiological reactions between this group and the ingesta. Oxidation, sulphidation and basic action of sodium upon fermentative and putrefactive phases of digestion are most kindly and far-reaching. In the katabolic process of destruction of albuminoids by digestion and assimilation, sodium sulphite has an influence to prevent the ptomaine and necrotic stages.

If the specific symptoms for sulphite of soda are of long standing, the peptic glands and mucous lining of the whole alimentary canal as well as all other subsidiary alimentary organs are altered, or possibly more or less permanently deformed, in which case other measures must be combined or alternated with this specific; but sulphite of soda must not be left out. When such a state has been acquired the tongue may assume another hue, probably very much mixed, but anything with the slightest tendency to white, anything not red, pink or black, or a tendency to such shades, and yet not natural, is an order for sulphite. If the indications are properly understood and S. M. sulphite of soda properly given, there can be no such thing as disappointment.

For many long years we have had to give any old thing that the pharmacist saw fit to dispense for sulphite, with his personal guarantee that it is just right or just as good, and many times informing the patient that there is no such thing, unless it be a patent medicine. Such was the deplorable state of this salt until recently, when Specific Medicine was prepared by the Lloyds. I have seen large crystals dispensed, which proved to be the sulphate, and fine white crystals of the chemically pure salt which contains the water of crystallization, and unfits it for medicinal purposes. Glauber salts and washing soda are common substitutes for it. In dispensing it, I persist in its use so long as there is any paleness of the tongue visible. Of course, I do not neglect any other indicated treatment.

THE SARCOMATA.

By W. B. Church, M. D., Cincinnati.

As journal space is limited, it becomes necessary to make a second paper to conclude what I had in mind to say on this subject. The etiology of morbid growths is not well understood. A predisposition seems to be an essential factor, although the immediate or direct cause is often a local contusion, or repeated traumatic irritations. Quite a proportion of malignant tumors originate from warts which are so situated as to become irritable by friction or muscular motion. In such cases there was doubtless a latent predisposition, and the irritated wart merely determined the location where it became manifest.

Growth of tumors, like growth of normal tissues, is a process of cell proliferation. The class under consideration are composed of connective tissue. Morphologically there are three varieties of these tumor cells, the small, round, spindle-shaped, and large, irregular cells called giant cells. All forms may be present in a given tumor, but the form most abundant determines the name by which it is called.

Sarcomatous growths are quite vascular from dilatation of original vessels and development of new ones. There is little intercellular substance; cells and blood-vessels are in close contact. Consequently, tumor cells are forced through the vessel walls into the blood current; and numerous secondary tumors are developed. Such metastases or secondary growths occasionally arise by the same process from non-malignant tumors.

About six months ago, Dr. S., of Lake Odessa, Mich., called the writer to operate on Mrs. B., a farmer's wife, living in the country. The lady had been aware of the existence of an abdominal growth for twenty years. It was easily palpable, and in shape and size closely resembled a large flat turnip. There were numerous other tumors on her limbs and other portions of the body, varying in size from a walnut to a man's fist. Of these, only one caused her special inconvenience or pain. It was the only one she wished removed. It was of recent and rapid growth, located in the right axilla. It presented all the characteristics of a sarcoma undergoing softening. Hemorrhage was very free, necessitating a hurried operation. No expert examination was had of the growth, so its real character must remain a matter of doubt. Her health, however, has since improved, and my own opinion is it was a sarcoma, and its de-

velopment only a coincidence so far as the other tumors on her person were concerned. The case is cited, mainly, however, as one of the very rare instances of development of secondary growths from benign tumors. The abdominal tumor was evidently a uterine fibroid. Its growth was arrested. It seemed to be slowly undergoing atrophy, and demanded no interference. Such changes in this class of tumors, following the menopause, are not uncommon. In carcinoma the cell invasion and infiltration of surrounding tissue is mainly by way of the lymph channels. Involvements and enlargements of neighboring lymph nodes occur early, and recurrence is most common at the original site, in the scar tissue. In sarcoma recurrence is generally remote from the place of origin, often some internal viscus.

The important distinction I wish to make is, that if a sarcoma is removed before degeneration begins, the chance of permanent cure is excellent, much better than in carcinoma. After the tumor begins to break down, undergoing any form of degeneration, migration of its cells takes place, through the blood current, and these will serve as foci for the same growth wherever they secure lodgment.

Some years ago I advised removal of a testicle, the seat of a rapidly growing sarcoma. The patient, a prosperous farmer, was much agitated and desired further counsel. Upon my recommendation, Professor Howe was called from Cincinnati. He removed the hypertrophied testicle, declaring it the largest he had ever seen. Valuable time had been lost by the patient's hesitation and vacillation, during which the growth underwent degeneration, with rapidly increasing general impairment of health. The tumor had developed in less than a year, growing rapidly; had caused a good deal of pain, and was attended with marked cachexia. Convalescence was every way satisfactory, the patient carrying on his farm work the following summer. The next year, on account of some premonitions of ill-health, he rented his farm, and moved to town. He consulted me soon after for pain in the left kidney. It soon became evident that the pain was due to recurrence of sarcoma, or at least secondary sarcoma of the kidney, of which the man died in about a year.

Beyond question, heredity is an important factor in the etiology of sarcoma. Esmarch has expressed the opinion that the predisposition is inherited from syphilitic parents. I have never seen anything to suggest such connection.

A remarkable illustration of the influence of heredity, in the

development of sarcomatous growth, was afforded in the family of one of my patrons in the early years of my practice. Mr. C., a M. C. R. R. conductor, called me to attend his boy baby, about two years of age. The child was strong and well developed; had always been well and vigorous; but now he was suffering from some peculiar affection of the right eye. There was lachrymation, photophobia and marked increase of ocular tension. Treatment had little effect. Increasing protrusion of the eyeball at length made it evident a growth of some kind was developing either in the orbit or the eye itself. Meantime, the increasing cachexia and rapid progress so impressed me, that extirpation was advised as the only chance of saving the child's life.

The distressed parents decided to take the little patient to Ann Arbor. I wrote a note for Dr. F., the distinguished oculist connected with the Medical College, detailing history and particulars of the case; giving diagnosis made, together with advice given for removal of the eye. Professor F. concurred in diagnosis, but declined to operate, prescribing medical treatment instead, and the case was brought back with prescriptions for the treatment which I was requested to supervise. I was disappointed, as I had fully committed myself to the absolute necessity of extirpation. One or two subsequent trips were made with the child to the Ann Arbor Medical College, but rapid progress for the worse was uninterrupted. Complete exophthalmos covered with a fungous mass ensued, and after a few months there was apparent extension of the sarcoma backward along the optic nerve to the brain and death.

The next child in this family was vigorous and well developed, and has grown to manhood in full enjoyment of all his faculties. The third child, also a boy, at just about the same age as in the first case, began to manifest identical ocular symptoms, with which the parents had become painfully familiar.

Warned by their previous experience, they readily consented to surgical interference. The orbital contents were completely removed, the optic nerve drawn into the orbit and severed far back with curved scissors. Recovery was prompt, and there has been no recurrence. The family afterward moved to Jackson, Mich., where a fourth son was added to the circle; and two years later I was called to Jackson to perform the same operation for the same condition and same eye, as had been done for his brother. Both of these boys are fine specimens of manhood to-day, with the single exception that each wears an artificial eye. The last child escaped.

Such light as my own experience and observation afford, inclines me to urge the importance of careful differentiation of malignant growths; and early surgical removal as specially important, in all forms of sarcoma. Waste of time with X-ray treatment is to be deprecated. This vogue is collapsing almost as rapidly as did Koch's tuberculin as a cure for consumption. Increase in the number of malignant diseases makes improvement in treatment highly desirable. At present the chief dependence must be on earlier diagnosis and prompt surgical treatment.

HEARING FROM THE BOYS.

By C. D. R. Kirk, M. D., Shuqualak, Miss.

Some time ago I wrote an article for the Journal in which I gave my experience with some young men who were beginning the study of medicine. To encourage "the boys," I proposed to give them the use of my accumulation of books and journals, and also dots in practice, that would enable them to begin at once to do a successful practice; but, I was surprised to find that as the boys returned with their diplomas, they carefully "flanked me"—all save one or two, who called, not for any of my gratuitous advice, but to inform me on many "up-to-date" themes of which they, I suppose, had taken for granted I was happily ignorant of, and therefore I sat at Solomon's feet, as it were, while a great stream of wisdom flowed—a fountain of wisdom was on tap!

But later on I heard from "the boys." I was called to a case who had called them in to see him, one at a time; all had had a fair trial, but had not emerged from the fray with flying colors.

The case was one of indigestion, the main trouble being frequent eructations that were very strong and burning to the nostrils and mouth; there was but little time for anything but belching. "The boys" had given strychnine, nux vomica, pepsin in all its forms, passing in quick succession from one remedy that had been used in dyspepsia to another, all of which had not made any change, save in the accounts, and, therefore, no benefit, except that the doctors had been paid—a first-rate part of the consideration.

The man's tongue told the tale: full, dirty white, for which I gave him a weak solution of sulphite of soda—a teaspoonful to a glass of water—a sip every ten or fifteen minutes. Re-

sult: quick and permanent relief! "The boys" are full, up-to-date doctors of the "regular" persuasion, and very few of their patients escape without a shot from a hypo-syringe, and nine in every ten get strychnine "to sustain the heart."

SETON HOSPITAL REPORTS.

PROF. L. E. RUSSELL, SURGEON.

CASE 82.—Miss A., aged 18, referred to the clinic by Dr. J. D. Timmerman, of Leipsic, O., for re-amputation of the left leg because of lack of union of the flap at a former operation, performed about a year ago by a surgeon from a city in the northern part of this State.

On examining the stump you will notice that the surgeon who did the first amputation, has disarticulated the ankle-joint, as evidenced here by both malleoli in their normal condition. Let me tell you one thing for all time—when it comes to a question of amputating a limb, you must first decide on the part of the limb to be amputated, with a view to the best application of an artificial limb; and if it is at or near the ankle joint, it is far preferable that you amputate sufficiently high to allow for the prosthetic joint to do proper service, without interfering with the stump.

There are many methods of amputation at the foot. One, described by Syme, advises starting the incision at the tip of the external malleolus, and carrying it straight across the sole to a corresponding point on the other side, one-half inch below the tip of the internal malleolus. The dissection is then carried down to the bone and the heel flayed backward; the tendo-achillis divided at its insertion; the dorsum divided straight across between the ends of the first incision; the astragalus is disarticulated; and, after sawing off the end of the tibia and fibula, securing the arteries, the heel flap is turned forward, sutured, and dressed with the proper antiseptics, held in place by a few light turns of a plaster-paris bandage.

Pirogoff's amputation contemplates a higher excision of the tibia and fibula, and the sawing of the os-calcis at a little different angle from Syme's, and the applying of the two severed bones in juxtaposition, fastening them either with silver nail or silver wire, and properly coaptating the edges with suture material.

Von Bergmann, Sedillot, v. Esmarch, Guthrie, Le Fort, and

other surgeons, vary their methods; but all are substantially the same as to results.

In this case we have decided, on account of the tissues having been bathed in pus for the last eight months, that the amputation must be made at the highest point in the lower third of the limb; for two reasons: to avoid the danger of infection from the soft tissues, and the possibility of infection to the cancellated structure advancing from the lower end of the tibia. The assistant will hold the limb elevated for five or ten minutes to make it as anemic as possible; and when everything is in readiness, we apply the rubber constrictor with the pressure pad in the popliteal space. This will control the blood supply to the anterior and posterior arteries; and, if sufficiently close to the site of amputation, will prevent any great amount of blood loss. We make here an anterior flap, though in some cases the lateral seems as good; and after dissecting back the soft parts a sufficient distance, we loosen the periosteum, and with a chisel reflect it backward with the flap. Here we place the heel of the saw at the point where we wish to sever the bone, and by pressing down and drawing firmly towards the operator, the saw readily penetrates the osseous structure and the bone is quickly severed. Thus far we have not lost a single drop of blood.

We now make the posterior flap longer than the anterior, on account of retraction of the heavier flexor muscles, which must be compensated for in doing this amputation. The ancient custom of covering the end of the bone with muscle, has given way to a better method of covering over the end of the bone with fascia, dissected from the muscle and sutured over the end of the bone with the periosteum, which was reflected back as described above. Now we search for the blood-vessels; and, having secured the same with hemostats, we use a light thong of silk, ligate the artery, cut short the ends of the ligature, and allow nature to absorb or encapsulate the suture. Years ago we used to protrude the ligatures through the line of the incision, or at its angles, for the purpose of drainage; and, at the end of three or four weeks, the ligatures were pulled upon by quick jerks to release them from their encircled tissue. This was always painful and dangerous, and it was a fruitful source of infection to the wound.

We are ready now to remove the tourniquet, or rubber constrictor, and it is better to remove it quickly to allow the blood to rush to the severed tissues of the flaps, rather than to let it

in by degrees, as there is less hemorrhage encountered, and it gives you possession of any arterial bleeding, without the masked condition of capillary and venous oozing. We now place within the angle of the flap, gauze wrung out of hot normal salt solution, and compress the flaps over the gauze for a few moments. This will dispel the free oozing, and enable us to readily find any little bleeding points that should be staunched by torsion with the hemostat. The edges of the flaps are now properly coaptated and sutured with silk-worm gut suture, by the over and over method, which holds in proper position the edges of the wound. There is one thing to which I wish to call your attention in the placing on of the dressing, and that is that you must have the lower flap pulled forward and lifted upward, and held in this position by bandaging. This will prevent traction and drawing of the anterior flap over the end of the severed bone, which might in a few days ulcerate through, and complicate your otherwise successful amputation. The patient is now returned to her bed; the limb placed upon a pillow slightly elevated; and we shall expect union by first intention.

Let us examine the stump of the former amputation; and while we shall be compelled to criticize the method employed in this first operation, we do not do so with a view to bringing trouble upon the operator. In fact, not a word shall be said in the presence of the patient but that the primary amputation was properly performed. The old fashion of condemning the work of other schools has passed away, and all are classed by the statute as physicians of equal standing,—and let this be the end of strife and controversy. But if I shall succeed in showing you a better way of doing an amputation on the foot, and in showing you the errors of this method, good, much good, may come from this demonstration.

We open this flap and find that the os-calcis has been entirely removed, and that the operator failed to saw off the synovial tissue, or cartilage; but rather chose the questionable method of suturing this thickened heel tissue over the joint ends of the tibia and fibula. What have we here as a result?

In the first place, a pocket in the heel flap from which the os-calcis has been dissected; and, in the second place, the ulceration of the cartilaginous tissue, which always obtains following this procedure. Let me assure you now if you wish to have success, you must sever the cartilaginous tissue from the osseous, else you will have exfoliation of the cartilage, and

an oozing and ulcerated condition, the same as has been manifest in this case; and should the parts, after months, become free from drainage, they will be sore, tender and of little value to carry the pressure weight of the body.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

ACUTE LARYNGITIS IN CHILDREN.

Synonyms.—Spasmodic croup, false croup.

The etiology and pathology of an acute catarrhal inflammation in children are the same as in adults; but as the laryngeal structures are smaller in the former, the mucous tissues more relaxed, and a more rapid engorgement occurs, it is a more serious condition, and the symptoms are more pronounced. The membrane affected may be above or below the glottis, or both may be affected. The terms supraglottic, subglottic, and acute laryngitis are used to designate the tissue implicated. The age most often affected is between two and five, but may occur earlier, and as late as fifteen. Any slight catarrhal inflammation of the upper respiratory tract may be a factor, or an inflammatory state of the faucial, lingual or pharyngeal tonsil. Exposure to cold, alimentary disturbance or some systemic condition may cause or be associated with the condition.

Symptoms.—Hoarseness or even aphonia, sometimes cough, febrile symptoms, and dyspnea, especially in the subglottic form. When supraglottic dyspnea is slight, as is the spasm of the glottis. The tendency to extension must be remembered, particularly if the contiguous structures are involved. The fact that supraglottic inflammation may be an early symptom of diphtheria or scarlet fever, should be remembered. It is usually difficult to make a laryngoscopic examination in children, and not infrequently impossible, but patience and careful manipulation will often prove successful.

Treatment.—Usually, the less local treatment the better. Swabbing the larynx is brutal. Internally, aconite and ipecac, in small doses frequently repeated, will be all that is required. Emesis is seldom if ever necessary in these cases.

Prophylaxis.—Much can be accomplished by using cold sponge baths to the neck, chest and back, followed by brisk rubbing with a coarse towel. This should be sufficient to redden the skin. Free ventilation of the sleeping apartments at all seasons should be insisted upon. The wearing of chest-pro-

tectors, mufflers, etc., should be condemned, as they render the patient more susceptible to colds. Warm clothing, but not an excessive amount, should be worn. These precautions will diminish catarrhal diseases in children and adults.

LARYNGISMUS STRIDULUS.

Synonyms.—Asthma rachiticum; cerebral croup; child crowing; false croup; Miller's asthma; laryngeal spasm; spasmodic croup; spasmodic laryngitis; spasm of the larynx; spasm of the glottis; spasm of the abductors of the vocal cords; spasmus glottidis; thymic asthma.

In this condition there is laryngeal spasm and stridor, and it is an unpleasant symptom which may accompany any laryngeal or tracheal disease. It may be present in any form of croup, in whooping-cough, alimentary wrongs, dentition, rachitic or neurotic children, as well as by mechanical irritation of the fauces or nasopharynx. In adults it may be a reflex from the generative organs; pressure resulting from carious cervical vertebræ or an enlarged thymus gland (thymic asthma); abscesses, either acute or chronic; or pressure on any portion of the pneumogastric or spinal accessory nerve may be a cause. A bilateral or unilateral paralysis of the posterior crico arytenoid muscle may be present. Cerebral irritation or lingual lesions may be a cause. In fact it is to be considered as a local manifestation of some constitutional or local disturbance, a symptom and not a disease.

Treatment.—This must be directed to the immediate cause, but in some cases radical measures are required. Tracheotomy may be necessary. Traction on the tongue, holding it firmly and making rhythmical traction sixteen or eighteen times a minute is one of the easiest methods. Firm pressure with traction at the angle of the jaw will also often relieve the condition. Cold water applied to the face or neck, or hot water at the back of the neck, may afford relief.

SPASM OF THE LARYNX IN CHILDREN.

Synonym.—Spasm of the glottis in children.

A subnormal child under unfavorable environment, or through any agency which will produce irritation of the nervous system, or the entrance of foreign bodies in the esophagus or larynx, will often cause this condition.

Symptoms.—Children under two years of age are most frequently affected. The attack is usually sudden, respiration is labored, and sometimes for a number of seconds is impossible,

If the attack comes on during sleep, the facial expression is that of terror. The patient may become cyanotic, the neck turgid, convergent strabismus occur, and convulsive movements of the extremities, or even a general convulsive attack; with relaxation of the laryngeal spasm there is a subsidence of the alarming symptoms, and the child falls back exhausted. A rapid recurrence of the symptoms may follow, or there may be an interval of months between the attacks. The nutrition is still more impaired through the disturbance of the nervous system.

Diagnosis.—The sudden attack is usually conclusive. In morbid growths causing dyspnea, there is usually a progressive action. Intralaryngeal tumors generally cause hoarseness or loss of voice. Edema, general infectious diseases or laryngitis, as a rule, show fever or some characteristic symptoms. Very seldom is bilateral abductor paralysis found in infancy.

Prognosis.—The frequency of the attacks and the general condition of the patient will govern the prognosis.

Treatment.—During the attack the child should be in a semi-recumbent position, the clothing loosened, and plenty of fresh air admitted to the room. The administration of lobelia or gelsemium, dropping the concentrated preparation on the tongue, will usually give relief. In some cases, intubation or tracheotomy may be necessary. Rhythmical traction of the tongue may afford relief, but the use of lobelia will usually relax and give relief quicker than any other measure. During the intervals of recurrence, the treatment should be directed to the causative factor.

PERISCOPE.

UNWISE USE OF NARCOTICS TO SUBDUE PAIN.

The relief of pain is often the criterion by which the doctor is weighed and either found wanting or acceptable. Pain is the main thing to the average patient; he dreads its infliction and resists any suggestion as to treatment which causes it, and when he suffers, his primary and imperative demand is to "stop this pain." Unfortunately, many and many a young doctor has yielded to this request, and not knowing how to remove the condition causing the pain, has narcotized and numbed the patient with opium (usually in the form of morphine hypodermatically), or semi-paralyzed the vital processes with some one of the coal-tar derivatives,

It is not an uncommon thing at all for a patient to send for the doctor and state outright that a hypodermic is required. Some other practitioner has given morphine in this way during the attack and as a result the sufferer expects the next man attending to do the same thing. The doctor who does this is lost. On no account must the practitioner ever allow the patient to dictate the remedy or treatment. To administer morphine hypodermatically and thus banish pain may seem brilliant and satisfactory, but it is exactly the reverse. A fool could dissolve a hypodermic tablet and inject the solution and (save in rare instances) the doctor who resorts to the needle habitually to relieve pain is a pretty poor kind of physician.

Pain can be relieved, but it is not always advisable to stop it at once. It should be borne in mind that pain is Nature's method of calling attention to the diseased area. Were it not for the pain which accompanies disease we should be quite apt to let the process go on untreated, unchecked, until death closed the scene. The most dangerous and dreaded disorders are those which, like a thief in the night, steal upon us without causing pain. The true physician is guided to a very great extent by the nature of the pain which the patient suffers.

Inflammatory conditions cause sticking, throbbing, cutting and burning sensations, usually radiating from the seat of the disorder along the peripheral nerves. Now, to give a hypodermic and so "stop the pain"—even though the patient demand it—would be the height of folly. We can relieve the distress by the proper local treatment (usually heat or cold locally) and the indicated internal remedies. If we are succeeding, the pain lessens; if, on the contrary, our treatment has been astray, the distress increases and we have thus an index which infallibly guides us to a successful issue.

By "doping" our patient we deprive ourselves of this guide and deliberately place a bandage over our own eyes while at the same time we place the patient's system in the worst condition to throw off the malady.

True, in some few incurable cases (such as cancer) or where some torturing injury has been received, the hypodermatic injection of morphine is our main reliance, and we should not hesitate to use it, for during the sleep which follows, the system has a chance to recuperate and we have, perchance, an opportunity to accomplish something remedial.

But, with these few exceptions, the cases in which the coal tars and opium salts are indicated for the relief of pain are

few. There are better remedies, and he who studies pain and accepts it as a guiding symptom will soon find these out.

The subject is a vast one, it is true, for the varieties of pain are many. Just the same, it is from the various shades and degrees of distress that we are enabled to gather our information and apply the indicated remedy. The constant aching which bespeaks muscular pain is entirely different from the tingling and shooting along the nerve trunks which tell us of a neuritis, and surely none but a dolt would give the same remedy for each condition. Yet the patient may, in each case, demand that you "stop this pain." All right, do so, but do it by removing the condition.

Do not forget either that there are reflex pains—pains which appear at one spot, but indicate some far distant lesion or disorder. Thus uterine lesion or disturbance may cause pain at and around the nipple. Hip-joint disease causes pain on the inner side of the leg, above the knee. Liver pains manifest themselves under the scapula, and gastric disorders are frequently accompanied by pain over the spine between the shoulder-blades. Lithemia or neurasthenia may cause pricking and sticking pain on the inner side of the heel, and the man who attempted to stop that pain with morphine (or local applications to the seat of distress) would probably soon lose his patient and reputation.

The one symptom of "headache" will give an observant man plenty to think about. There is the headache of constipation, marked by deep pain over the eyes, including practically the entire forehead. "Dyspepsia," as a rule, causes pain over one or both eyes, but the area is limited. The pain of ocular origin is also supraorbital, but lower, and comes down well into the orbit. Vertex pain may be due to either anemia, hysteria, neurasthenia, epilepsy, uterine disease, or ovarian or bladder affection. In not one of these would morphine be the proper remedy.—*Alkaloidal Clinic.*

RUPTURE OF THE MEMBRANA TYMPANI.

By far the most common cause of rupture of the drum membrane is a box or blow upon the ear. Thirty-three out of fifty-four cases observed by Chimani, an Austrian surgeon, were due to this cause. The lesson we are to learn from that is that boxing the ears is a dangerous thing to do. It is dangerous either as the infliction of punishment in children, or in athletic sparring, and should be avoided.

The next most common cause of this rupture would probably be falls upon the head. A rather unusual case, and one out of the ordinary, was a man who was riding through the woods, and was struck in the ear by the twig of a tree, a thorn of which penetrated his drum membrane. The author recently read a paper before one of the local medical societies on this subject, and a curious coincidence was that two other gentlemen present had seen similar cases, where persons riding through the woods had been struck in the ear by a twig, which burst the drum membrane.

Another quite common way in which the drum membrane is injured is by picking at the ear with a toothpick or ear-spoon, knitting-needle, etc., and some sudden disturbance causes the patient to suddenly turn the head, pushing the foreign body far into the ear and puncturing the drum membrane.

Another cause is the injudicious attempt at removal of foreign bodies.

The prognosis, and to some extent the treatment of this class of cases, must depend upon the manner in which the injury has been inflicted. In rupture due to a blow or box on the ear, the prognosis is generally good. We may expect the patient to recover with almost if not quite as good hearing as before the accident. In this respect it is of great importance, however, to be sure that rupture of the drum is not complicated by injury to the labyrinth. If the labyrinth has been injured, then the prognosis is far more serious as regards restoration of hearing. We determine that point first by determining how intense is the deafness. If deafness is very profound, the probabilities are strong that there is injury to the nerve of hearing. In the second place, we determine the point by the use of the tuning-fork. We place it on the vertex, and if there has been injury to the auditory nerve, the tuning-fork is best heard in the uninjured ear.

If the auditory nerve is perfect, the fork will be heard as well, and probably better in the injured than in the sound ear. This test is of great value in differentiating disease of the middle ear from disease of the internal ear. So much for the prognosis: generally good unless the labyrinth is involved.

If by injudicious treatment, by syringing, or other medication, or by some accidental infection, suppurative inflammation of the middle ear has taken place, then the prognosis for entire restoration of hearing is not so good. These cases of suppuration seem to run a more violent course, and give

rather less favorable outcome, as a rule, than those which are not due to traumatism.

The treatment generally may be dismissed with a few words. It consists essentially in letting the patient alone, in wiping or cleansing the ear with a piece of absorbent cotton, or a clean piece of antiseptic gauze, and telling the patient not to put any water in the ear. If pain is severe, then it is well to apply three or four leeches just in front of the ear, or over the mastoid. Under no circumstances should you use a fountain syringe or any drops that we often use in other cases.

Sometimes the case will be of sufficient severity to demand internal treatment. Ringing in the ears adds greatly to the patient's nervousness, and a little phenacetine or bromide of potassium will do a great deal toward controlling it.—*S. G. Dabney, M. D., in Med. Age.*

LAYMEN IN MEDICAL PRACTICE.

The subject of the intrusion of laymen into medical practice has recently been discussed in the English medical journals, and it is worth our while considering it as it affects us in this Commonwealth.

We are all familiar with the great advances which have been made in recent years in our knowledge of the therapeutic effects of the various forms of electricity and the different kinds of light rays; and so extensive has this knowledge now become, and the apparatus employed is getting so expensive and complicated, that only one with a practical acquaintance with electrical apparatus can use these instruments satisfactorily. The knowledge of electricity and electrical instruments possessed by the ordinary practitioner is necessarily very meagre; hence, unless special attention has been directed to this subject, a medical man is not able to manipulate the apparatus necessary for the therapeutic application of these powerful physical forces.

Unfortunately, in the past the use of electricity and magnetism has been allowed to drift too much into the hands of the quack and the charlatan, and hence the providers of electric belts, electric chairs, *et hoc genus omne*, have flourished on the credulity and gullibility of the public. It must be the aim of the profession to rescue these valuable therapeutic agents from this position; for no one who has had the practical experience of, or has seen the beneficial effects produced

by the X-rays in rodent ulcers and superficial cancerous growths, or the beneficial results obtained by the high-frequency currents in the various forms of disease, can deny that in these agents we have useful additions to our therapeutic armamentaria. But as the necessary apparatus is expensive, requires some technical knowledge for its effective manipulation, and after all is needed only very occasionally in any individual doctor's practice, a certain number of laymen have stepped forward with this apparatus and now offer to provide all these modern methods of treatment which are the fashion of the moment; and these gentlemen, apparently, do not hesitate to apply these methods of treatment irrespective of control by medical men and in ignorance of the elements of anatomy and physiology. Fortunately, however, we have skilled men in our midst who have devoted themselves specially to this class of work, and who, naturally, from the combination of technical skill in manipulation and the necessary medical knowledge, secure the best results obtainable. We have also some laymen who do not presume to treat patients independent of medical men, and who are prepared only to apply the remedial measures advocated by the medical practitioner in the same way as a nurse carries out the doctor's instructions. These laymen should, we think, be encouraged in their work; while ignorant laymen who presume to take upon themselves to treat disease because they happen to have some little knowledge of electrical appliances should receive no consideration at the hands of the profession.

But in other directions there is a similar intrusion of laymen into the domain of medical practice. We are constantly besieged with circulars and samples of patent foods and special preparations from various manufacturers all over the world. It is the wholesale chemist who now prescribes for our patients, and the medical practitioner's function is coming to be merely one of advertising the chemist's wares. Elegant pharmaceutical preparations in various forms are now manufactured and put up in such a way that the general public can purchase them direct without any reference to a medical man. Consequently, the medical man loses his consultation fee, the chemist is deprived of his reward for the time he has spent in acquiring a knowledge of dispensing, and the patient—what?—often has lost his only chance of cure because he has dallied too long with his self-medication. The invasion into the domain of the medical man by these manufacturing druggists and

patent medicine vendors is one which is fraught with danger to the general public, and should be strenuously resisted by the profession.—*Australasian Medical Gazette*.

POLYMNIA.

The older writers in our school lauded this remedy as of much importance in rheumatism. Others spoke of it favorably in the same class of cases in which phytolacca is used. Dr. Pruitt used it in the form of an ointment, in inflammation of the mammary glands, and other glandular inflammations, especially if abscess had formed. The specific influence of the remedy, however, as agreed by all writers, is upon enlargements of the spleen. This gland is influenced in chronic malarial conditions, in scrofulous disease, and in tubercular difficulties. It is the malarial form of splenic enlargement in which it acts to the best advantage.

Dr. Scudder gave the following list of disorders in which it had a direct influence: Chronic enlargement of the spleen, chronic enlargement of the liver, chronic hypertrophy of the cervix uteri, chronic gastritis, chronic metritis with hypertrophy, uterine subinvolution, and general glandular enlargement. He gave as its indications full, flabby, sallow tissues impaired circulation, glandular enlargement, and other impaired functions, from lack of tone. This remedy, no doubt, stands at the head of spleen remedies, but it is not used as it should be, the younger physicians paying but little attention to it. It influences all of the ductless glands.

Dr. Felter says when dyspepsia depends upon a sluggish circulation in the gastric and hepatic arteries, and is unattended with full, heavy, burning sensation in the parts supplied by these arteries, this is our remedy. It has benefited leucocythemia. Its use must be persisted in for weeks. A common cause of failure in the treatment of chronic disease is lack of persistency. Scudder used this remedy as a hair restorative. He applied it in the form of an ointment. The dose is from one-fourth to one dram.—*Chicago Medical Times*.

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SPECIFICS IN DISEASE.

It seems a little singular to hear our regular brethren who, but yesterday, were ridiculing the idea of specifics in medicine as used by Eclectics, to-day advocating the use of specifics for certain diseases. They fail to see the difference between specific remedies for specific diseases and specific remedies for specific conditions.

They fail to appreciate the fact that there is a definite relation between drug action and disease expression, or rather an affinity between drugs and diseased conditions, and, having once found this affinity, it must continue the same forever. Thus it has been learned that gelsemium has a positive influence or effect where there is exaltation of the nervous system, and when we find a patient that is restless, with a flushed face, bright eyes, contracted pupil and rapid pulse, gelsemium will always be indicated, for this remedy is always sedative to this condition.

If, however, one patient has *depression* of the nervous system, as manifested by the dilated pupil, pale face, small pulse and cold extremities, conditions just the opposite of the above symptoms of *excitation*, the administration of gelsemium could only do harm, for gelsemium is a *sedative* and not a *stimulant*. Again, if our patient's tongue is loaded with a dirty, offensive coating, with fetid breath, and the secretions from skin, kidneys and bowels peculiarly offensive, we recognize sepsis as the basal lesion, and we would indeed be most foolish were we to administer gelsemium, for this agent is a sedative and not an antiseptic.

Now, I think all medical men of experience will agree that the same disease does not affect every one in the same manner. In one case of diphtheria, there will be high fever, great ex-

citation of the nerve centers, patient restless and unable to sleep. A second case will have but little, if any, fever, the face is dull and expressionless, the extremities are cold, and the secretion but slightly affected. In a third case the breath is foul, the tongue is heavily coated, and the evidence of sepsis is marked. In a fourth, sepsis seems to be lacking and the larynx bears the brunt of the toxin, the respiration is greatly impaired, though but little excitation or depression of the nervous system is seen, and the chief symptom is imperfect aeration of the blood, due to defective respiration. We might say here were four different kinds of diphtheria. What is true of diphtheria, may be said of pneumonia, typhoid fever, dysentery; in fact, of every disease, hardly any two cases of the same disease are just alike.

The individual habits, temperament, environment, power of resistance, natural susceptibility, peculiar idiosyncrasies, and many other circumstances, enter into the case, making practically a different disease in each individual, and one that requires a special study as to the conditions present.

The advocate of serum therapy, however, expects his anti-toxin to act as a sedative in one case, a stimulant in another, an antiseptic in a third, and still a different action in a fourth.

In other words, his serum is a cure-all, no matter what the conditions.

I am not ready to say anti-toxin is not beneficial in some cases of diphtheria, for many physicians of good judgment declare it often gives splendid results, but admit that at other times it is a failure. Why not successful in all cases? Because the same conditions do not exist in all cases, and it is too much to ask of any remedy that it correct every condition. Serum therapy possibly may have some value in the treatment of diseased conditions, but it is not rational to suppose that they are specific for all conditions of the same disease; therefore a specific for a specific disease is not likely to ever be discovered. Let our regular friends point out the specific conditions, if there be any, in which the serums have a specific curative action, and those cases where the remedy is contraindicated, or useless. The study of every medical man, regardless of school, should be to find the curative action of remedies—to find the affinity of a drug for a special condition—for when once found, he has a remedy that will relieve to-day, to-morrow, or a thousand years hence.

THOMAS.

ENCYCLOPEDIA RECOGNITION.

In his annual message, as president of the Ohio State Eclectic Medical Society in 1899, the writer gave expression to the following words: "While upon the subject of the recognition of the Eclectics we regret to have to refer to what may be justly characterized as a blot upon the general literature of the country. In no instance has an encyclopedia of universal knowledge or a dictionary of distinction given a correct or even fair definition of modern medical Eclecticism. This is a matter that demands action on the part of our school. We believe it to be the duty of this society to take the initiative and by resolution demand proper treatment at the hands of publishers of these works intended for the dissemination of general knowledge. Twelve thousand representative physicians of our school are misrepresented, either through ignorance or intention, in these works purporting to correctly voice educational affairs. * * * Where has Wooster Beach or Thomas Vaughan Morrow received merited notice in such a work and where is given a reliable account of the leading and parent school of Eclecticism? Another century should not dawn without some action on our part and let it come from us now—at this session. We ask no favor we have not earned. We ask only the credit due us by a fair historian. We recognize that much of our work has been that of reforming evils that have, thanks largely to us, been reformed "out of existence." We know that we are a minority school and we seek no preference or special favors. All we ask is that men who claim to be honorable, fairminded men in literature and science give us credit for our works and credit our members as they have earned the right to be credited. If the aim of the men who publish dictionaries and encyclopedias is to ignore the minority, to misrepresent their principles, to exclude their historical works, we have the power to show them up to the people and should do so without fear or favor" (Trans. Ohio State Ec. Med. Assoc., 1899, p. 24).

To-day, the words above recorded will have to be amended, for in the new *Encyclopedia Americana*, a monumental work of sixteen volumes just issued by the *Scientific American*, is given for the first time in any encyclopedia a full and adequate account of medical Eclecticism in America. This should be gratifying to the members of our school, who, like the writer, have long contended for this right. The abortive articles touching upon this subject given in encyclopedias heretofore published, have been prepared chiefly by members of the dominant school in medicine—by men, perhaps, who were misled, and in turn have certainly misled others. Catholicism, for example, can only be rightly understood and appreciated by a worshipping Catholic, and its doctrines and history can only be imparted by one of the faith. Presbyterianism can not be honestly and best presented by a Methodist, nor is the Baptist capable of

giving the best accounts of the canons of the Episcopal Church. So with Eclecticism—none but an Eclectic can impart the truth concerning the doctrines, practice and history of Eclecticism—and more especially is this true since the rival schools, in the past more than in the present we admit, have held up the Eclectic school to adverse criticism. Unless an old-school writer procures his data from Eclectic sources, he is incapable of presenting an unbiased and truthful account of American Eclecticism in medicine.

The *Encyclopedia Americana* is, as its name implies, American—typically so. A prominent feature and one that we admire and value above all others is its provision for fairness—in that its articles have been prepared by men who are authorities, and who are a part of, or directly concerned in the subjects presented by them. This gives life and truth and value to their articles, and though such a writer may be apt to give over-enthusiastic coloring to his theme, he is not likely to err as to fact. Such is not likely to be the case with a writer who is not directly in touch with matters which he attempts to portray.

The value of such a work as the *Americana* for consecutive reading can not be overestimated. It is not, like some encyclopedias, a series of essays, but matter belonging to one general head is presented in separate sections, alphabetically arranged, and with such cross-references as to make a connected account of the general subject. Take, for instance, the general subject of government: one can pass from civil law to the United States Supreme Court, to military law, to codes, courts, etc., to diplomacy, to civil service, to the Cabinet, the speaker of House of Representatives, to the United States Postal service, to Consular service, to immutability of the Constitution, etc.—articles all prepared by men in touch with these subjects. Science and medicine are no less instructively and entertainingly presented.

The writer was sought out and asked to prepare for this work the general article on "Medicine, Eclectic," and some short biographies of prominent Eclectics. He has carefully compiled an account which he believes will give to any one, whether physician or not, a clear history and story of Eclecticism. Truth only has been sought and presented. In the main article the following topics are considered:

The term "Eclectic;" the American origin and Americanism of the school; the relation of Eclecticism to the American Reformed system of medicine; its distinction from Thomsonism

(a point seldom correctly presented by outside writers); Dr. T. V. Morrow as an organizer; the remedies of the early Eclectics; the medical philosophy of the early Eclectics; ostracism by the dominant schools; the three historical epochs of Eclecticism (the period of Reformed Medicine, 1825 to 1845; the Formative Period, 1845 to 1869; the period of Specific Medicine, 1869 to date); educational Eclecticism from 1825 to date; Professor King's work; King's discovery of resin of podophyllum (podophyllin) and other resins; the resinoid distraction; the schools at Rochester and Syracuse, Louisville, Philadelphia, New York and Cincinnati; the college disruption of 1856; the dark days of Eclecticism during the Civil War; the renaissance inaugurated by Dr. John M. Scudder; the theory of modern Eclecticism or specific medication; specific medicines and why they were copyrighted; comparison of early and present-day Eclecticism; the ethics of the Eclectic; the present status of Eclecticism and its schools and organizations; Eclectic periodicals and books; the National; the Eclectic colleges, where located and when founded; the National Confederation of Eclectic Medical Colleges; and under their respective heads brief biographies of leaders of Eclecticism.

Inasmuch as the publishers have thus been careful to seek Eclectic sources for this matter concerning Eclecticism—a care no more apparent in this than in other articles for general information—we feel that the Eclectic doctors should show their preference for this work when purchasing an encyclopedia.

FELTER.

IS MORNING SICKNESS AN ADVANTAGE ?

In a recent letter from Dr. F. A. Cavanaugh, of Chetopa, Kan., he makes the following inquiry. In reading Dr. Nephey's *Physical Life of Women*, in speaking of morning sickness, he says: "The absence of nausea and vomiting is a source of danger to the mother and child; women who fail to experience them are exceedingly apt to miscarry. In such cases medical skill should be invoked to bring about the return of these symptoms, of such importance to healthful pregnancy." This is a new one on me, and I wish you would kindly inform me if it is necessary to establish the morning sickness should it be absent, and how to accomplish the same. Fraternally, F. A. C.

Such an assertion strikes one as rather remarkable to say the least! Possibly Dr. Nephey's theory is based on the fact that considerably more than a majority of pregnant women are an-

annoyed to some extent with nausea or vomiting during uterogestation; this, however, does not justify the claim. Such a condition should not be looked upon as physiological, but always regarded as pathological, the result, in nearly all instances of a reflex disturbance.

I believe it was Dewees who remarked that a sick pregnancy was usually a safe one; or, in other words, continued to the end of term. One of the old writers also claimed that "very sick women seldom miscarry," and it is likewise an old observation that when the sickness of pregnancy is entirely absent, other and generally more distressing sympathetic derangements are often met with, such as a tendency to syncope or to asthma.

All of this may be correct, and, admitting that it is true, it does not strengthen the argument or theory that a pregnant woman benefits by continued nausea and vomiting, is in danger of miscarriage in its absence or that means should be thought of to establish it in case it has ceased, gestation being normal, healthy and uneventful.

No doubt where it occurs very early, nearly coincident with conception, congestion and irritation of the cervix uteri is the source of the trouble. Where it is not noticed until the third or fourth week, continuing till about the period of quickening as is observed in a majority of cases, it is the result of a stretching of the uterine fibers, by the developing ovum, with consequent irritation of the uterine nerves.

In some cases, instead of the nausea and vomiting, there will be a persistent and annoying ptialism, also "longings"—that is, an inordinate appetite in which unnatural things are craved; as well as various nervous phenomena. These same symptoms not infrequently manifest themselves in similar conditions of the uterus in the non-pregnant female; owing also to the presence of tumors, displacements, flexions, subinvolution, etc. Rather than encourage such a state of affairs as nausea or vomiting, or to make an effort to induce it, the physician should congratulate himself where his cases of pregnancy are free from it, or where his ability has enabled him to mitigate or moderate such an unpleasant condition.

The next case of morning sickness that may be encountered prescribe grape fruit. Have the patient to partake of it especially in the morning, and if this fails to allay the nausea, again at such other times through the day as may be required.

— WINTERMUTE.

WHO'S WHO ?

"That which is governed by rule or law, steady or uniform in course, not subject to unexplained or irrational variation, steadily pursued, orderly, permanently organized, having all parts of the same kind, etc." There it is in a nut-shell.

For nearly a century a branch of the medical profession has sung a song whose refrain has been, regular, irregular. These terms as applied to different schools in medicine always have had a disturbing effect. Because one's line of thought leads him in a direction different from that of some other man is no evidence of irregularity in action, provided he advances with an eye single to truth. Every act in Nature or the lives of men calculated to better the human race is in orderly progress and therefore regular.

True it is, that thought may be warped and ideas somewhat disfigured, but if the end aimed at is honorable, no one has a moral right, nor should he have a legal one, to cast a stone.

Taken in connection with medicine, who is regular? The history of medicine as we know it, tells a story of such an irregular course, when applied to the dominant school, that if it was ever regular the fact is lost in the night of time. The regular school so-called, has been so irregular that one may say its only title to the term rests in its changefulness. Remedies that were used yesterday are discarded to-day, and a decade brings such changes in allopathic practice that that which was, is unrecognized. I ask, does this entitle to the self-appropriated term?

On the other hand, what may be said of the Eclectic practice? For three-quarters of a century Eclecticism has stood upon its original principles, administering its remedies without change, except as it modified and improved them by diligent research and discovery of new uses as applied to them for the relief of disease. Remedies that were used for the relief of certain conditions fifty years ago are still used to relieve the same conditions, with as much or more confidence than at first, because there are fifty years of accumulated proof of their virtue. Their field of action has been widened by a broader knowledge of their properties. Few have been discarded as worthless after they have been tried and vouched for. What macrotys did fifty years ago it does to-day, and every Eclectic knows it. The pathological conditions relieved by *veratrum*, *gelsemium* or *pulsatilla*, a quarter of a century ago, are relieved to-day by the same remedies, and every man practicing

Eclectic medicine knows it for a certainty. The investigation of remedies has been steadily pursued in an orderly, uniform course without any unexplained or irrational variation. The Eclectic school is permanently organized, having all parts of the same kind. What can be more regular and have better title to the term? The regularity with which the Eclectic school has studied and proved its remedies, and the constancy with which all Eclectics have used them with success, puts to shame the allopathic (so-called regular) host which jumps from pillar to post. In addition, the Eclectic school has with the greatest regularity, accepted every improvement in medical and surgical practice that appealed to reason and common sense, and could stand the test of a fair and impartial trial.

The only regularity the allopathic branch of the profession has maintained unchanged for a century, is that which rejected all means of cure which came from sources outside its own field of action. In piracy they have been regular.

It is time the word was abandoned, as all physicians who are liberal minded enough to prove all things and hold fast that which is good are regular. Those, however, who reject the means that will relieve suffering and save life, let it come from whatsoever source it may, are certainly irregular if not guilty of wanton ignorance and senseless intolerance. The only regular physician is the one who possesses a knowledge of what remedies will do and uses them, giving credit to whom credit is due. To appropriate that which others have accumulated, under whatever form it may exist, without returning its equivalent, is theft.

STEPHENS.

THE CHEMISTRY OF MEDICINE.

In our experience with the medical and pharmaceutical professions, certain points in connection with the problems that concern their respective works have always been prominent. Whoever teaches chemistry to a class, either of medical students or young pharmacists, must select, to the best of his ability, that which, in his opinion, will subsequently prove to them of the greatest value. With men such as these, whose various studies embrace so many subjects of importance, it can not be hoped that chemistry, other than selections in chemistry, can be made a feature. As is known by those who comprehend the subject, chemistry, as a whole, is a life study, and may be a life study if one confines himself to only a few of the radiating lines in what is called chemistry.

Thus, organic chemistry can be divided and subdivided, and even a limited number of substances may take a person's sole thought and care, year in and year out, and then prove to be enigmas. Inorganic chemistry, in its relationships to life, is also a study of problems unsolvable; whilst the relationships that exist between structures endued with vitality are problems as recondite as they were in days gone by.

Let us turn then to one of the features in chemistry that should never be overlooked by the teacher, a feature that concerns the life and death of the physician, if he be a compounder, or of the pharmacist for whom a physician may write a prescription to be compounded. It is simply the question, the oft-recurring question, of "compatibility" and explosion. Those students of our classes of the olden time, who read this editorial, will recall how persistently we aimed to teach the fact that the powerful oxidizers should not be mixed with, and, above all, should not be *powdered* with the deoxidizers, and how we cited, as conspicuous in the list, mixtures that carried chlorate of potassium with either sulphur or charcoal or tannin; these being familiar examples of compounds in which the oxidizers (chlorate of potassium and permanganate of potassium) were incompatible with either of the others, which are deoxidizers.

Many instances have come to our attention since those days, in which it seems some men either forgot or became indifferent to the lesson, if, indeed, they ever fully learned it; for possibly some teachers in chemistry do not consider these practical subjects to be as important as do others.

In one case, to which possibly we have before referred, a bright young man of our class, a good chemist so far as the subjects in our lessons were concerned, questioned the problem, or rather proposed to take advantage of the lesson and utilize his opportunities. Said he to his father, "Professor Lloyd told us never to mix chlorate of potassium and powdered sulphur, and, by all means, never to rub them together. I believe I can do this without danger if I am careful, and I can utilize the mixture as a blasting powder." A hole had been drilled into a rock at the bottom of a well, a blasting powder was needed. The mixture was made on a paper, the young man standing over it as he made it. Then he carefully poured it from the paper into the hole that had been drilled for its reception. Said his father, who stood at a little distance watching the operation, "Just as the last of the powder passed from the paper, an

explosion occurred." The stone was rent into fragments. The boy was torn to pieces, and thus ended the experiment that he thought *he* could carry to a safe conclusion.

Another young man, a bright student in the college of pharmacy, remembered the lesson concerning permanganate of potassium, and, when employed in one of the villages in the State of Ohio, he questioned a prescription brought him by a physician, a prescription in which permanganate of potassium was to be dissolved in sulphuric acid, because of what had been told him concerning the result of the action of the sulphuric acid and potassium permanganate. The physician insisted that there was no danger. The bottle was a two-ounce phial. Into it the sulphuric acid was poured by the young clerk, and thereto was gradually added the potassium permanganate. The immediate reaction was not alarming. Then the young man took the phial in his left hand, and proceeded to insert the stopper. Now came the disaster. The dust from the stopper, an organic structure, struck the highly concentrated solution of sulphate of potassium and permanganic acid. An explosion resulted. The young man's hand was torn off at the wrist, entirely destroyed. His face was filled with broken pieces of glass, and his person was peppered as well. Had he not worn spectacles, his eye-sight would have been destroyed. The largest piece of that phial that was found, was picked from the face of the boy, from which more than a hundred other pieces were extracted.

And now we turn to a letter before us:

"Dear Professor: Well, do I remember your instruction to our class in chemistry about compounding different dangerous substances. I send you a slip from my county paper, describing an accident that resulted from mixing sulphur and chlorate of potash by a physician. The results were terrible. Hoping this may impress the class so they will never forget it, I am, respectfully yours."

The following, in brief, is the paper's report: "Dr. Henshaw was mixing a compound of sulphur and potassium chlorate in an iron mortar in the office of Mr. Rogers, when the chemicals exploded with great violence, completely wrecking the interior of the building. and injuring Messrs. Henshaw and Rogers. Dr. Henshaw was most seriously hurt, losing his right hand, probably the sight of his left eye, and slight injury to the other; his right collar bone and the bones of the left leg were broken; his right ankle was badly lacerated. Mr. Rogers was

also struck by flying pieces of the mortar. Chances for the young physician's recovery are not of the brightest."

Let us close the lesson by saying that these things are facts, not theories, and such facts as these are important. The teacher in chemistry needs to well drill his class in such directions as will save such accidents as these, even though some blackboard theory is lost; but, judging from experience, even then the dangers from accident are not altogether overcome. LLOYD.

EXAMINATION OF THE FINGER NAILS IN DIAGNOSIS.

If the general practitioner will make a series of close observations of the finger nails of the different patients treated, and keep a notation of the changes that will take place in certain lesions, I believe, after a time, he will learn much by his careful investigation, and eventually he will make the finger nails reveal certain pathological states, which he may not be able to read correctly by other processes of differential diagnosis. As a beginning to this important study, let me suggest that the finger nails reveal certain conditions of the circulation of the blood. It is a common experience among those people who live close to nature, that, when they are threatened with malaria, they study the condition manifest under the nails, by extending the fingers, and noting whether the tissues underlying the nails are white, dark red, or of a deep, dark-blue color.

In the beginning of nearly all fevers, if the finger nails are carefully examined as above suggested, the largest portion will show a lightened color, unmistakable in regard to the circulation of the blood. It will indicate also a free or congested circulation; while, when the underlying tissues are of a bright, red hue, upon examining the pulse, you will find that the circulation is good, pulse normal, and the patient's health returning to its normal condition. How many times have you noticed in cases of complete collapse when death seemed but a little way off, that the friends, and even the patient himself, would hold the hand up to examine the condition of the circulation as manifest by the nails, which reveal the darkened hue of congestion, so characteristic of approaching dissolution.

Again, if on examination you find the nails flattened, and long seams extending vertically from the root of the nails to the tips, with apparent corrugations, and clubbed, thickened finger ends, you at once think of a tubercular condition; while, if you find roughened ridges extending horizontally, you at once

think of a disordered condition of the liver, and you have a precursor of cirrhosis, which, upon careful palpation over the region of the liver, will be confirmed by dull sounds. Many practitioners will, at this time, remember the condition of the nails following protracted typhoid fevers; also the loss of the nails after scarlet fever, measles and small-pox. The return of the normal condition of the finger nails is also a prognostic of returning health.

There is so much that might be said regarding the changes as shown by the finger nails, that, perhaps, it seems useless for me to try to further enumerate; but what I wish more especially to accomplish in the presenting of this article, is to instill into the minds of the medical profession a habit of close observation and translation of nature's markings in pathological conditions. It may take years of close observation to become proficient in this occult study, yet it means so much that I can not resist the temptation of asking for a more thorough examination of patients before prescribing for their ailments. Let the physician examine the patient for more signs than are manifest by the dollar sign.

RUSSELL.

THE STATIC MACHINE.

The value of the static machine has been considerably exaggerated by enthusiasts, both in photo-therapy and as a means of diagnosis, and it must be admitted that many of the claims made for this form of treatment, have been sustained, and that radiography is sometimes very deceptive. It is true that the static breeze will, at times, relieve headache or pain in other parts of the body, but similar results will follow the application of remedies, and a physician can hardly afford to invest two or three hundred dollars in a machine to cure headache when he can just as well relieve this condition with a few drops of gelsemium, belladonna or macrotys, or a dose of acetanilid.

The application of the static "breeze," "spark" or "spray," has never, to my knowledge, more than temporarily relieved rheumatism, and we have yet to see a case of carcinoma cured by the X-ray. Our experience in the treatment of skin diseases by the static or X-ray has so far been very disappointing. The Finsen ray is, no doubt, curative in some cases of lupus, but not in all, for in two cases we have patiently applied the Finsen ray two or three times weekly for six months without perceptible results, good or bad. However, we have seen some remarkable cures in other cases by the Finsen apparatus.

Referring again to rheumatism, we desire to say that we have never known static electricity alone to cure this disease, but have seen cures result from a combination of static spark, super-heated air, and medicines judiciously administered. In a general way it may be said, aside from the X-ray, which can be developed from a static machine and used as a diagnostic help, when we eliminate the psychic effect of the sparkle, fizz and crackle of the merrily whirling wheels, there is not much left. As a result, the doctor's pride in his new machine wanes after he has tried it upon his family and such of his friends as will submit, and in a year or so we will find the apparatus relegated to the garret.

WATKINS.

AN ILLUSION DISPELLED.

There is prevalent an impression among the people, and one in which physicians to some extent share, that the strenuous American life, with its fierce rivalry in business and restless struggle after wealth and position has caused us to become a nation of neurasthenics; that we break down early and become physical and mental wrecks before middle age. But, following closely upon the statement of a prominent neurologist that there is no such disease as neurasthenia, comes the declaration that the residents of these United States are not markedly nervous, hysterical or insane; that the average of nervous affections in general is not greater in our country than in those of older civilization, and that in fact many nervous affections prevalent in the older countries are unknown here. While it is true that the American is noted for his energy and industry, this fact does not, to any great extent, injure his nervous system. Of course, dissipation and reckless exposure may impair the strongest nerve structures, but the native of this country is no more disposed to indulge in these faults than his foreign brother. The fact of the matter is, that although we have been disposed to point with pride to the statement that "the strenuous American life is nerve-killing" as a thing to be deplored, but not to be ashamed of, we are forced to the conclusion that this is all buncombe, that there is nothing in it, and that after all, we still have our nerve. Years ago, when Beard coined his term "neurasthenia" and called it "the American disease," we were considerably puffed up and disposed to look down upon those countries which could not afford a national affection. Now, however, we must acknowledge that we were "four-flushing" all the time and have failed to "make good."

WATKINS.

CACTUS.

The parts used are the fresh stems and the flowers of cactus grandiflorus. The plant is indigenous to Mexico and the West Indies, and is commonly known as the night blooming cereus. We use only the specific medicine cactus which is made from the fresh stems.

Cactus is said to increase the arterial pressure and to stimulate the vaso-motor center and the motor ganglia of the heart. It increases the muscular energy of the heart, increasing its contractile power and muscular energy, and thus elevates arterial tension. Hale says it acts upon the circular muscular fibres of the heart only: and Hare says it does not slow the pulse, with which latter statement we do not agree. If the rapidity of the pulse be due to a weakened muscular action or atony, by its tonic action upon the muscular tissue it increases the force and power of the heart's action, and thus slows the pulse. It impresses the sympathetic nervous system, and thus influences the entire circulatory apparatus.

We have succeeded best with this remedy in functional heart difficulties. It has often occurred to us, that there was a similarity in action between this remedy and pulsatilla. The indications for it, as outlined by writers, when carefully compared with those for pulsatilla, present a striking similarity.

Palpitations, when not the result of organic or valvular lesions are certainly improved by this agent. Rapidity of action in anemia, or when the result of general enfeeblement due to other constitutional diseases, are also improved by this remedy. It has therefore been at times called a heart tonic. The rapid heart action of exophthalmic goitre has been lessened by the use of this drug. Nervous palpitation accompanied by anginic pains, and fear, constitute a trinity of conditions in which it seems almost a specific.

Weak and rapid heart action resulting from the excessive use of tobacco, alcohol, or a strain, are relieved by this agent.

It will be noted that in all of the conditions for which this agent is used the rapidity of the heart's action is increased, and that a nervous element enters into all of them. These facts are further emphasized by its specific indications which are outlined thus: Impaired heart action, whether violent or irregular or feeble. Dyspnea, anxiety and apprehension of danger of death. Sensation as if a cord were about the chest,

consequently oppression. Nervous disorders with heart complications.

Dose, from the fraction of a drop to five drops. MUNDY.

THE ECLECTIC MEDICAL GLEANER.

With the January issue the Gleaner became a bi-monthly periodical of eighty pages. It embraced a fine frontispiece of President Kinnett of the National, sixteen pages of excellent editorials by Dr. Felter, an extended scientific article on the "Cinchona Forests of South America," by Mr. Wellcome, and four well-chosen articles from other Eclectic monthlies.

The article on "Eczema," by Dr. Prince A. Morrow, is very interesting and instructive. We venture to state that few of our readers and medical men in general know that he is a nephew of Prof. Thomas V. Morrow, one of the founders of the Eclectic Medical Institute.

What we wish, however, to highly commend in the Gleaner, as at present planned, is the excellent resume and comments on current Eclectic medical literature. Sixteen pages will be printed each issue under the title of "Publisher's Department," and will be under the editorial charge of our versatile friend, Professor Lloyd.

In the January issue we find condensed information concerning the ten Eclectic medical colleges, eleven Eclectic journals, and twelve of the latest Eclectic medical books, showing conclusively that our school of medicine is well supplied with colleges, journals and books. The Gleaner, as at present planned, can not help but be of material advantage to every Eclectic journal, college and physician.

The subscription price of the Gleaner is \$1.25, and the publication office, The Lloyd Library, 224 W. Court St., Cincinnati, O. SCUDDER.

ERRATUM.

By error the editorial on "Medical Education," on page 107 in the February issue, was credited to Dr. Scudder instead of Dr. Thomas. We have had several letters highly commending the editorial. It is well worth re-reading.

SODIUM SALICYLATE

True, from Natural Wintergreen Oil.

IN perfecting their products from Natural Wintergreen Oil and in demonstrating their therapeutic value, the Merrell Company have won the confidence of the medical profession, and established the fact that **Natural Salicylates** should alone be employed for internal administration; and when **Sodium Salicylate, true**, is specified, it is clearly the desire of the physician that the Merrell product should be used. The only recommendation of other brands is that "they are cheaper in price," and it is such substitution which often convinces the physician that it is necessary for him to dispense his own medicines.

In addition to the powdered and crystalline forms, **Sodium Salicylate, true**, is offered in 2½ and 5 grain compressed tablets.

No Increase in Price. These tablets are put up in 1 oz., ¼ lb., ½ lb. and 1 lb. bottles, and are sold at the same price as the powder.

The Merrell Company were the first, and are now the only, manufacturers in the United States of these **Natural Educts from Wintergreen**, and their product should always be used if undesirable complications are to be avoided.

Our 72 page booklet upon this subject is sent free upon application,

RHEUMATISM.

In the treatment of **Rheumatism**, elimination and **Salicylic Acid** rarely fail to give the very best result. Keep the bowels open and the kidneys active by means of salines and the ingestion of large quantities of pure water (this also favors diaphoresis), and **Ferro Salicylata** (Merrell) will do the rest.

Ferro Salicylata contains in each fluid dram five grains of Salicylic Acid and five minims of the tincture Citro-Chloride of Iron. As the **True Acid** from **Natural Wintergreen Oil** is used, the preparation is devoid of those depressing effects which often attend the administration of the synthetic product, and it may therefore be given in as large and as frequently repeated doses as are indicated to control the symptoms and cure the patient.

As a tonic after **Grip**, **Ferro Salicylata** will do more toward restoring the strength of the patient than all other remedies combined; and for the depressed condition which so often attends convalescence after **Grip**, **Ferro Salicylata** is almost a specific.

Ferro Salicylata is carried in stock by all prescription pharmacists.

Send for descriptive circular matter and complete catalogue of pharmaceutical preparations.

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DIRECT MEDICATION

Specific indications are most completely
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NORMAL TINCTURES

Normal Tinctures are prepared according to the rules laid down in the "Digest of Materia Medica and Pharmacy," the authorized Eclectic Pharmacopœia adopted by the National Eclectic Medical Association.

Normal Tinctures are bright, clean, and free from precipitation.

Normal Tinctures are uniform, carefully standardized, and always reliable.

Send for our booklet, giving the therapy and doses of 145 of these **NORMAL TINCTURES**. It is a handbook of practical medicine, a pocket vade mecum, and is sent free to physicians upon request.

NORMAL TINCTURES are carried in stock by all Wholesale Druggists and dealers in Physicians' Supplies, and may be obtained from Druggists everywhere.

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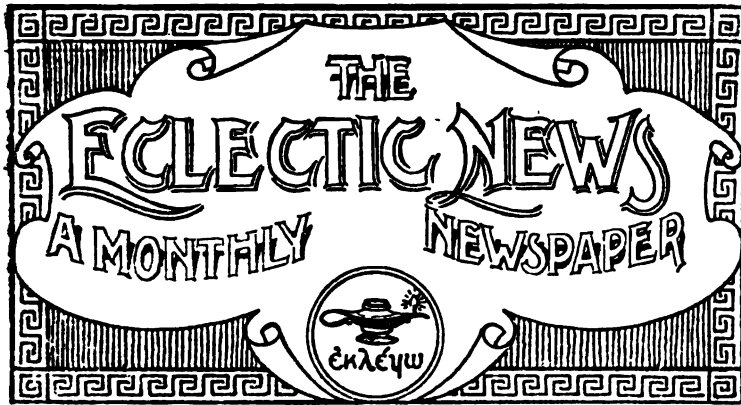
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VOL. X.

MARCH, 1905.

No. 3.

BOOK NOTICES.

NORMAL HISTOLOGY AND MICROSCOPICAL ANATOMY. By Jeremiah S. Ferguson, M. D. 462 illustrations, many of them colored. Price \$4 00. D. Appleton & Co., New York.

This is one of, if not the most, comprehensive text-book on histology published. Everything is clearly outlined, and specific instructions given for the preparation and staining of specimens. The field is covered minutely, clearly, and thoroughly, and the original photographs and drawings are exceedingly clear and of valuable assistance. While this work costs more, it is a very valuable book not only to the medical student and general practitioner, but to the specialist also, who will find his special field thoroughly dealt with. The general make-up and press-work are good, what we expect from the publishers, D. Appleton & Co.

J. L. P.

POLITICS OF NEW ZEALAND.

Say, doctor, this is a little book which you urgently need. Now don't say you know your needs better than I do, and let it go at that. The reason I say you need it is because I assume that you are a good citizen, and every good citizen needs it. It is not medical in a drug sense, but it is medicinal in that cosmopolitan sense which affects every human being. It can be confidently asserted that its message will do more toward "healing the nations" than anything else in the world. If this seems to you extravagant, get the little book and read it, and then dispute the assertion if you can conscientiously do so. A man may be a good citizen without having read the book, but he can not be one of the *best* citizens without having done so. After studying the book you will heartily endorse this seemingly audacious assertion.

This book is not "political" in any *partisan* sense; it ignores political parties. It deals with those large, fundamental and vital questions which inhere in civic philosophy. Its burden holds the gospel of practical civic altruism. It does not trade in long-haired theories and utopian dreams; it is severely real and practical. It appeals to the very basis of our common sense, and does actually demonstrate the truths it teaches.

The doctors, by virtue of their intelligence and nearness to the people, are the most influential class of people we have. If they would all inform themselves on governmental errors and abuses, and then all pull together, they could effect a reform that would sweep the evils of trusts, predatory wealth, plutocracy, etc., from the face of the earth.

This little work is a condensation of that noble work. "The Story of New Zealand." Dr. Taylor (editor Medical World) will furnish single copies of it for 25 cents, and large orders very much cheaper. Address Dr. C. F. Taylor, 1520 Chestnut street, Phila. W. C. COOPER.

COLLEGE AND SOCIETY NOTICES.

The forty first annual meeting of the Ohio State Eclectic Medical Association will meet at the Great Southern Hotel, in Columbus, May 2, 3 and 4, 1905. The program for the meeting is nearing completion, and will be mailed to each member of the Association within a few days. Each section is full and replete with good things, and is sure to interest. As usual, the entertainment and social features are to be given quite a good deal of prominence.

The meeting place this year is centrally located, and on account of its excellent railroad facilities, Columbus has come to be quite a convenient city. The headquarters of the Association, the Great Southern Hotel, is the convenient hotel of the city, and amply able to care for our annual meeting. The rates which will prevail during the meeting will be, American plan, \$2.50 to \$4.00 per day; European plan, \$1.00 to \$2.50 per day.

The annual banquet will occur on Wednesday evening, May 31, at 8 o'clock, at which time the Association will have exclusive use of the dining room. Guests of the hotel will be charged 25c. extra per plate for the banquet, and those not stopping at the hotel will be charged \$1.00 per plate.

The proceedings of the meetings, as well as the discussions on the papers and essays, will be taken by a stenographer and will be published in full in the next issue of the Transactions.

The newly organized Central Ohio Eclectic Medical Association will hold its regular bimonthly meeting at the Great Southern Hotel on Monday, May 1, and will be ready for the State meeting the next

WOOD ALCOHOL. (Methyl Alcohol.)**A POISON.**

This deleterious product of the distillation of wood is not and never has been used in our laboratory. Physicians aware of the established excellence of our liquids, alkaloids, and concentrations can in all confidence assure their friends that no wood alcohol whatever, under any name whatever, is employed in any part of their manipulation. We use purified grain alcohol only in the making of resins, resinoids, alkaloids, oils, and all spirituous products. Not one drop of wood alcohol has ever entered any one of our liquids, nor is it used in our laboratory in any direction whatever. Physicians desiring to commend our preparations to their professional friends can do so with the utmost assurance that none of the poisonous qualities inherent in Wood Alcohol or any adhering products connected with wood alcohol will disturb their patients.

We know of no reflection having ever been cast in our direction concerning this despicable Wood Alcohol subject, and realize that our patrons fully appreciate our care in their behalf; but, owing to the reflections cast broadly by exceptionally accurate authorities concerning the use of Wood Alcohol elsewhere, both in beverages and in medicines, we propose to announce emphatically that our patrons have nothing to fear in this direction.

Respectfully.

LLOYD BROTHERS,
Cincinnati, Ohio.

ECHAFOLTA CREAM.

(An elegant, fragrant, *permanent* semi-solid cream. Will neither become rancid, acrid, nor irritating.)

PRICE—Large jar, 12 fluid ounces, \$1.00. Not mailable.
Small jar, 4 fluid ounces, 45 cents. By Mail, 58 cents.

USES, by DR. T. J. DANIEL, MAGAZINE, ARKANSAS.

Echafolta Cream is indicated in all cases needing an antiseptic dressing, especially old sores, bed sores, chronic ulcers, old tibial ulcers, chapped hands, carbuncles, boils, scrofulous and syphilitic nodules, some forms of erysipelas, snake bite, stings of insects, cracked nipples, caked breast, hemorrhoids, etc. In these conditions, Echafolta Cream should be used freely, locally, and Echafolta always given internally. For caked breast, add a few drops of Specific Medicine *Phytolacca* to the Cream, and cover the affected part thoroughly. For hemorrhoids, add a few drops of Specific Medicine *Hammamelis*, and apply. For snake bites, cover with the Cream, and give from 5 to 30 drops of Echafolta, at first every fifteen minutes, and finally, as the patient improves, every one, two or three hours. For carbuncle, keep the place covered with the Cream, and give 15 drops of Echafolta every two or three hours. For sore eyes, anoint the lids on retiring at night. No ointment is superior to Echafolta Cream. In all cases that demand its use, Echafolta given internally is indicated and desirable.

LLOYD BROTHERS,
Manufacturers,
Cincinnati, Ohio.

day with a full attendance. A great many members of the State Association over the State will go to Columbus on Monday, and attend both meetings.

Every thing indicates that this will be the largest and most successful meeting the State society has ever held; already a great many applications for membership have been received, and we have met with nothing but encouragement from every source. Ohio Eclectics generally seem to be interested in the State Society this year, and are planning to attend the coming meeting. Realizing this fact, the Executive committee have worked and planned as never before to prepare a program of unusual excellence, and arrange every detail of the meeting. We must show our colors in Columbus this year, and every good Eclectic in Ohio who is not detained at home by sickness or misfortune in his own family, positively must attend this rally of Eclectics. Yours for a successful meeting.

J. P. HARBERT, M. D., Rec. Secretary.

The seventh quarterly meeting of the North-eastern Ohio Eclectic Medical Society will be held March 9th at the Hollenden Hotel, Cleveland. The program promises to be very interesting, the following papers being on the program: Dilatation of the stomach, Dr. C. A. Palmer, Cleveland; Specific Indications for some of the Tissue Remedies, Dr. J. H. McElHinney, New London; Fractures, Dr. C. A. Dewitt, Atwater; Injuries to Elbow Joint, Dr. S. Schiller, Youngstown.

A complimentary banquet was tendered the Recording Secretary of the National Eclectic Medical Association, Finley Ellingwood, M. D., by the Boston District Eclectic Medical Society, January 9th, at the Hotel Thorndike, Boston. It was a most enjoyable affair, and aroused much enthusiasm for Eclecticism.

The meeting was called to order by the President, A. Waldo Forbush, M. D., at 7:30 p. m. He introduced Dr. Ellingwood to those assembled. The doctor spoke very eloquently for a half hour in behalf of the National Eclectic Medical Association.

At the banquet which followed, F. Wallace Abbott, M. D., said a grace, and John Perrins, M. D., acted as master of ceremonies.

The good things of "mine host" having been disposed of, the following toasts were presented and responses given: "A Welcome to our Guests from the State Society," Dr. Lydia Ross, President. "Our Sister Societies," Dr. C. H. Flower, President Maine E. M. Society. "Our Evening's Guest," Dr. Finley Ellingwood. "Pleasant Medicines," John Uri Lloyd, Ph. M. "The Country and City Physician," Dr. C. Edwin Miles. "Our Youngest Member," Dr. Electra A. Brown.

The bright and happy faces, the generous applause, and the regretful leave-taking all testified to the enjoyment of the participants.

PITTS EDWIN HOWES, M. D., Secretary.

PERSONALS.

Dr. S. S. Dilley died at his home in Pemberville, O., Jan. 29, 1905, of lobar pneumonia. Dr. Dilley was a graduate of E. M. L., class of 1894. He was a prominent physician of his town and had an extensive practice.

Died, at Northington, Ind., Dr. Wm. B. Squire, E. M. I. 1857, of heart failure. Dr. Squire had been in active practice for fifty years. He served as surgeon in the Civil War, having been appointed by Gov. Morton in the 31st Regiment of Indiana Volunteers.

Died, at Dansville, N. Y., Feb. 4, Dr. Wooster B. Preston, E. M. I. 1867. His son, Dr. Geo. R. Preston, is a graduate of the class of 1903.

Good location for an Eclectic in Indian Territory. For further particulars address, with stamp, Dr. C. E. Martin, Wagner, I. T.

Good location in country town of 8,000. For further particulars address, with stamp. Dr. A. W. Hobby, Port Jefferson, O.

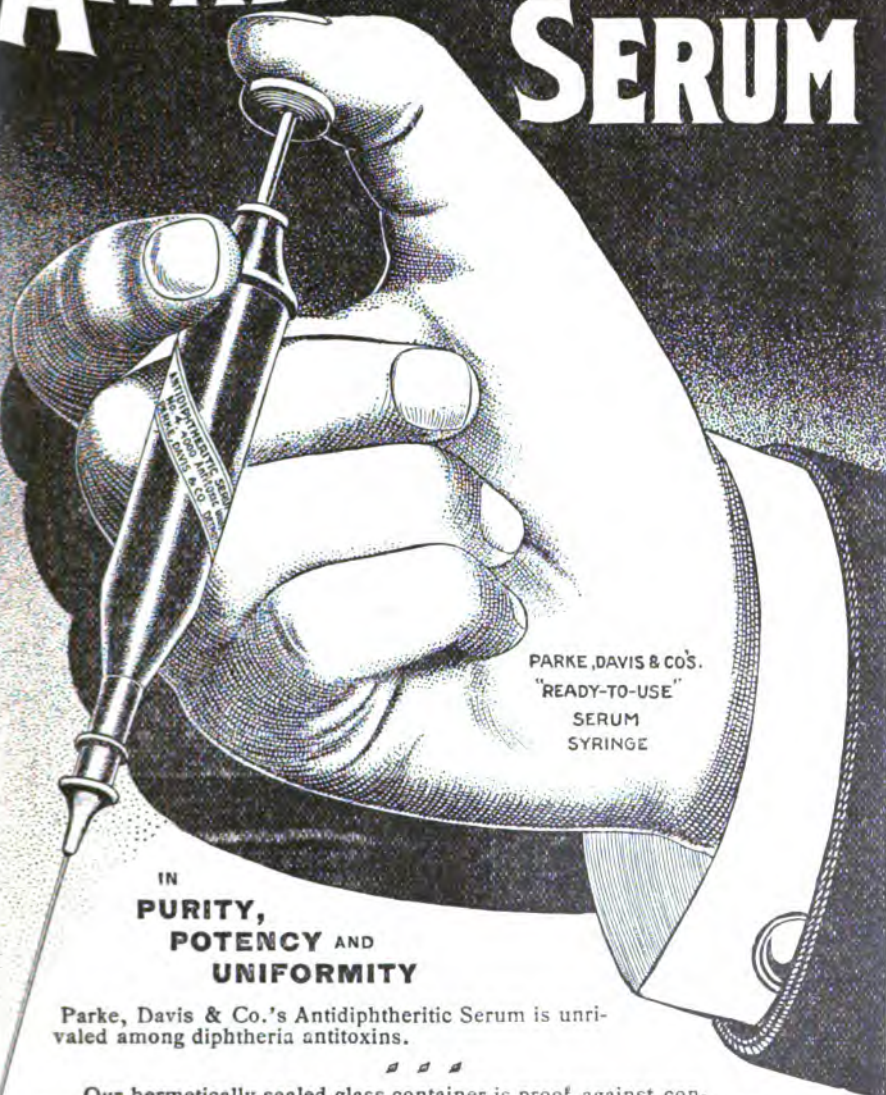
READING NOTICES.

***Cereus Grandiflora* in Cardiac Derangements.**

Much of the contradictory testimony in regard to the therapeutic action of this valuable plant is due to the carelessness of the collector. It is only too often the case that some other member of the large family of Cactaceæ has been used. These do not possess the cardiac action of *Cereus Grandiflora*. Therapeutically it is a gentle cardiac stimulant of peculiar action. It does not affect the stomach and centers as *digitalis* does. It increases blood pressure by strengthening the heart-beat through its direct action upon the nerves, and therefore is especially indicated in aortic regurgitation, where, as is well known, *digitalis* can not be used, and also in all functional derangements of the heart connected with anemia, neurasthenia, dyspepsia, tobacco poisoning, sexual exhaustion, in low fevers, and in pseudo angina.

A tincture is prepared of the strength of two ounces of the fresh flowers to one pint of strong alcohol, the maximum dose of which is thirty minims every four hours. I have been reasonably successful in using it in the form of tincture and fluid extract, but it is most conveniently administered in pill form. I have adopted that way. In order to secure the best I have at one time and another used all the different forms offered by the several manufacturers, and have found that offered by the Sultan Drug Co. (*Cactina Pillets*) to be the best for general use. It has no cumulative action, and may be continued indefinitely. In my hands it has had no ill effects on the digestive apparatus.—*Dr. S. L. Reid in Kentucky Med. Journal.*

ANTIDIPHtheritic SERUM



PARKE, DAVIS & CO'S.
"READY-TO-USE"
SERUM
SYRINGE

IN
**PURITY,
POTENCY AND
UNIFORMITY**

Parke, Davis & Co.'s Antidiphtheritic Serum is unrivaled among diphtheria antitoxins.



Our hermetically sealed glass container is proof against contamination. In half a minute it is converted into the most convenient and efficient serum-syringe ever devised.

(Bulbs of 500, 1000, 2000, 3000 and 4000 units.)

DON'T EXPERIMENT—USE OUR SERUM.

PARKE, DAVIS & COMPANY

**Absolutely Pure
ITALIAN
Olive Oil**
For Medicinal or
Table Use.

**Recommended
By Prominent
Physicians for
CONSUMPTION
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GASTRITIS, ECZEMA**

**Superior to the
Best Cod Liver Oil**

No Nausea

**Needs no
Emulsion**

**Easily Assimilated. Just as
Efficient.
Rich Nutty Flavor.**

**Investigate yourself.
Send for opinions of
other investigators.**

Sold in ORIGINAL PACKAGE ONLY. Full $\frac{1}{2}$, $\frac{1}{4}$, or 1 gallon Tin Can.

Samples free to Physicians on Request.

Ask your Druggist for STAR OF ITALY BRAND Pure Olive Oil:

Or will send full Quart Can, charges paid, on receipt of One Dollar.

Full Half Gallon Can, Two Dollars.

Address ACHILLE STARACE, Importer,

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POND'S EXTRACT

Recent editorials and reports in the medical press on death and blindness following the ingestion of wood alcohol in Jamaica ginger, witch hazel and other medicinal extracts make it a matter of paramount importance that, in prescribing

EXTRACT OF HAMAMELIS,

physicians assure themselves that the extract dispensed does not contain wood alcohol, which imports so grave a menace to the health and life of the patient.

This result may be absolutely preserved if physicians will invariably

**SPECIFY POND'S EXTRACT
IN ALL PRESCRIPTIONS,**

and thus provide against the substitution and peril of those common, commercial, unidentified and toxically adulterated "witch hazels" of the market frequently misrepresented to be "the same thing" and "just as good," but which have no standard of purity and strength. The descriptive name of

POND'S EXTRACT

is synonymous with purity, uniformity, reliability and responsibility. It is the trade mark guarantee upon which its manufacturers stake their reputation. If, therefore, peril to the patient is to be avoided and the desired relief assured, prescriptions should invariably specify

POND'S EXTRACT

Case of Pneumonia following Severe Typhoid.

J. B. W., white, male, aged 30 years, was recovering from a severe attack of typhoid. On the 36th day his temperature was normal; on the 39th day it again began to rise, and in a few days had reached 104.5, the pulse 140. A severe cough and consolidation of the right lung told the story of a complicating pneumonia. After the long and severe drain on his resources incident to the typhoid, his condition presented a very alarming situation.

Counsel was called in and it was decided that his only hope lay in the generous use of Antiphlogistine. A large package was secured and heated by placing the sealed can in hot water. The temperature of the room was brought up to about 80°. A cotton-lined cheese-cloth jacket, open upon the shoulders and in front, was prepared and warmed. Uncovering the patient's thorax, Antiphlogistine as hot as could be borne was spread upon the skin, about one-eighth inch thick over as much of the thoracic walls as could be reached (back, front, side, and over the shoulder). This was covered with the jacket. Turning the patient over, the other side was dressed in the same way. The jacket was then drawn together over the shoulders and down the front with stout thread. It is proper to say the entire contents of the 34½-ounce package was used for the one dressing.

The effect was surprisingly prompt. In a few hours the temperature had declined to a point of safety and the pulse to 120. A similar dressing was applied fresh every 24 hours. The improvement was steady and marked, and in six days the patient was again convalescent—thanks to Antiphlogistine.

The brilliant outcome in this case taught me the importance of careful attention to detail in the use of Antiphlogistine. Like every thing else worth while it must be properly used if the best results are to be obtained.—*Florida Correspondent.*

The *Medical Herald*, St. Joseph, Mo., advises physicians to try Eusoma (echinacea compound) in cases of eczema which have long-resisted treatment. The affected part should be carefully cleansed of all scales and crusts, and then covered with a soft cloth and kept moist with a mixture of equal parts of Eusoma and water. The internal treatment is essential, and this, so far as drugs are concerned, may be limited to one teaspoonful of Eusoma four times daily. The patient's condition should be carefully studied and all sources of irritation removed.

Dr. H. B. Shade, in an article as to how to manage nervous and spasmodic affections successfully (*Med. Progress*), says: "All I think of taking with me on a night call is Bromidia and Papine, in addition to my pocket case. It matters not whether I find a case of cramp-colic, hysteria, spasms, insomnia, dementia, hypochondriasis, croup, spasmodic asthma, abortion, fracture, neuralgia, rheumatism, cholera.

infantum, or what not, for in Bromidia I find a remedy that can be relied upon in all cases where the muscular, mucous or nervous systems are out of harmony. In many cases I find Papine should be prescribed with Bromidia, where severe pain accompanies nervous conditions, insomnia, appendicitis, cramp colic, fractures, surgical operations, etc. In all cases where morphine is indicated, I find in many cases insomnia and nervous conditions accompanied by pain, incident to rheumatism, etc., Bromide and Papine act admirably, given in teaspoonful doses before retiring. No bad effects follow, no constipation, no nausea, no checking of the secretions, so that the business traffic of the system is not interfered with whatever.

MENORRHAGIA.—R—Satyria, 3 ounces; fl. ext. ergot, 1 ounce. M. Sig. Teaspoonful every two hours as needed.

John J. McMahon, M. D., Lynn, Mass., writes: "You have got the right combination. In so many cases dependent upon virility you will supply the remedy equal, if not superior, to the various compounds offered us today. I have prescribed Satyria with good success, and shall continue the use of same."

The experience of many years has taught that constantly recurring respiratory disturbances may nearly always be prevented, or at least reduced in frequency and severity, if Gray's Glycerine Tonic Comp. is administered throughout the winter. If, however, this precaution has not been observed, and the patient is already suffering from his regular winter cough and bronchial or pulmonary distress, treatment with Gray's Tonic is still the most efficient.

The manner of the action of the remedy in these cases is two-fold: first of all it overcomes malnutrition by stimulating the torpid nutritive functions to assume normal activity; as a consequence, the patient's constitutional vigor is strengthened, and incidentally the relaxed atonic condition of the respiratory mucous membrane is eradicated.

PROTECTION IS WHAT THE DOCTOR WANTS.—The old and reliable Fidelity and Casualty Co. of New York, with agencies in all cities, are doing a large business in the way of insuring physicians and surgeons against both trouble and loss from alleged malpractice suits by mischievous adventurers. Physicians who take out a policy with this company are not disappointed with the treatment received, and have the full assurance that they will be protected to the utmost in every particular. This is quite in contrast with the methods of several of the so-called "Defense" Companies, who only agree to defend such litigation, and in the event of damages being obtained, as is too often the case, the confiding physician has to pay the bill himself. It is well for the medical profession to look into these points carefully and see just what kind of a policy and proposition they are paying for.

THE ONE REMEDY

which experience proves is
free from detrimental effects is

GRAY'S Glycerine **TONIC** Comp.

Try it in convalescence,
respiratory disorders, anaemia,
malnutrition, nervous exhaustion.

THE PURDUE FREDERICK CO.,
298 Broadway, New York

The McMillen Sanitarium **FOR MENTAL DISEASES.**

NEAR COLUMBUS, OHIO, Telephone 2406

For Men and Women. All classes of Insanity admitted
ALCOHOLIC, MORPHINE and other DRUG HABITS TREATED.

We receive and care for patients suffering from any form of disease with mental complications.

Our equipment is new and up to date. We offer good care, night attendants, comfortable room, good table, and constant personal supervision.

The Columbus, New Albany and Johnstown Cars to Door.

The building is warmed by hot water. Our lawn is ample and well shaded. Patients here find rest and comfort while being treated. Write us, state patient's condition in full, and ask for rates and circular.

PROFESSIONAL CORRESPONDENCE SOLICITED.

BISHOP McMILLEN, M. D., Sup't.

Address, Shepard, Ohio.

EUSOMA

(ECHINACEA COMPOUND.)

**A Perfect, Non-Poisonous, Antiseptic,
and Alterative, for both Internal
and External Administration.**

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ORIGINAL COMMUNICATIONS.

RACE SUICIDE.

By Kent O. Foltz, M. D., Cincinnati.

Much has recently been written on this subject, and various theories have been advanced for the diminished size of families, especially among the so-called better classes. Some of these theories are amusing on account of their visionary character, and some for the reason that the writers, for some occult reason, look only at the subject from a morbid point of view. The question of race suicide can not be lightly considered. There are many sides to the question, and from personal observation, as well as from other sources, it seems as though two important factors have been generally overlooked.

William Byrd Powell, over fifty years ago, in writing on temperamental physiology, stated that the marriage of persons temperamentally alike would result either in a childless union, or the children would not live to the age of maturity. While this may not be true in every instance, it is true in the majority of cases, and the offspring that do live are almost without exception subnormal physically and mentally. This is factor one, and probably the most important.

The second factor, and but little less effective, is the so-called "strenuous life," not physical, but mental. This necessitates a constant demand upon the nervous system, and time for recuperation is not allowed.

Three other reasons for lack of families may be added to the two already mentioned: the tendency for the family name to become extinct, sterility, and criminal measures. The latter may be divided into measures for preventing conception, and abortion.

Among breeders of domestic animals, especial care is exercised in the selection of the propagating stock. Inferior animals are rejected for breeding purposes, but close consanguinity is also avoided. This rigid supervision is for the prevention of retrogression. Among the mongrel type of animals, while they are prolific, the quality of the offspring usually is not of even an average standard, either physically or mentally. Exceptions do occur, but they are the exceptions. In the human race no especial supervision is exercised over the propagation of the species as a rule, and when it is, it unfortunately is not directed toward increasing the desirable traits, but is simply a matter of convenience, either from a monetary or social standpoint. Incompatibility of temperament is not considered, and often there are either no children born, or, if there are, they lead a precarious existence, and fortunately die before maturity. If they do not, they are weaklings unfit for the requirements of life. In these latter cases dame nature kindly intervenes, and a childless union results.

The second reason results from the exhaustion of the nervous system. One or both parties are occupied in pursuits that exhaust the nervous energies, and as a consequence the power of procreation is nullified. That the activity or vigor of either the sperm or ovum may be so influenced as to render procreation impossible, is now recognized. In many cases of childless marriages, there is an earnest desire for progeny, and the fact that often, following death or divorce, the living parties again marry and have children is evidence that they possess procreative power, and that the previous unfertile union was not, in the majority of cases at least, due to criminal practices.

In the secondary division, the tendency to extermination of the individual name is an important factor. This condition is found in families that have reached a certain degree of development. The marriage of persons when this trait is developing is almost certain to be non-prolific, or the offspring are not viable. Marriage of either into a family where this trait is not present, and the contracting parties are temperamentally adapted, will usually result in a limited family, but viability may or may not be present, for how much temperamental or

nervous incompatibility is responsible is difficult to determine, as a careful study of cases along this line has not been generally made.

Sterility is also a factor in this division. Professor Herman divides sterility into absolute and relative. In absolute, fecundation does not occur, and the proportion is placed at 10 per cent. The causes of sterility may be classified as. (1) Male sterility and incompatibility; (2) Age; (3) Lack of ovarian development; (4) Dysmenorrhea and dyspareunia; (5) Improper mode of life; (6) Diseases requiring treatment which may be a cause of sterility. Gross puts the proportion of fault on the male in one case in six.

Careful observation shows that women compatibly married between the ages of twenty and twenty-four are most fertile. Prior to twenty the chances of sterility are increased, and the longer after twenty-four the probabilities of infertile union are increased.

The division, criminal measures, while important from a moral and sociological standpoint, I believe are the least of the factors for race suicide. Preventive measures, although fully believed in by the laity, are notoriously inefficient as a rule; so this division will be passed over. Abortion is the last of the list. While it is true that there are many cases of criminal interference, the actual proportion is comparatively small. I believe these cases are the exception. That the majority of people are so devoid of humanitarian feelings, as is imputed by many writers, is difficult to believe. Such opinions, if true, would show degeneration of the moral and mental qualities.

To bring innocent individuals into existence without the facilities for properly caring for them is as much, if not more, of a crime than the employment of so-called preventive measures. In the vegetable kingdom it is a well known fact that when nearing the end of life, an unusual effort is made to perpetuate the species by an abundant amount of fruit or seed, but the vitality of the seed is impaired and few robust specimens survive.

Natural conditions, if such a term can be applied to the artificial methods of civilization, are, I believe, the actual cause of so-called race suicide, and temperamental incompatibility is the chief of these. In a future article a brief *resume* of temperamental physiology will be given.

TUBERCULOSIS.

By E. R. Waterhouse, M. D., St. Louis, Mo.

There is no question before the lay or medical public to-day that is of greater importance than "how to prevent or cure consumption." The rapid increase of this disease seriously threatens to depopulate the earth, unless the most radical means are brought about to check it. That the disease is contagious, is no longer a mooted point; those holding to a negative view, are those who are either prejudiced to a high degree, or are not in a position to know, consequently such argument is entitled to very little consideration.

I believe that consumption is a disease for which there is no cure. I believe that the presence in the human body of the germs of the disease is the cause, and no disease can be counted as cured until the cause is removed; and tell me what we now have in our drug-chests that will kill those germs, and at the same time allow the patient to live. A review of authorities will convince almost any thinking man of the hopeless task he has upon his hands. One of the most noted bacteriologists in Germany says that water at any degree below the absolute boiling point has no effect upon them. Another says that they will withstand a 5 per cent. solution of carbolic acid; and still another says, that there is no known remedy that will destroy a tubercular germ, that can be withstood by the human body.

It is the belief of many, that a change of climate will cure this disease; but farther than a change from a damp air to a dry air, no good seems to come to the patient. It is a well known rule that a dry air retards the ravages of the bacilli, so that a patient leaving the valley of the Mississippi river, and going to the high lands of Colorado, or Texas, will improve. The appetite is exhilarated, and the patient improves in flesh, because of the stay in the ulcerative process; but sooner or later the patient again begins to go down, and dies from consumption.

When we realize that there is no cure for a case, when once infected, we must turn our attention to preventing. Cultures may be made from the dust of the streets in any of our large cities, as well as from the sweepings of halls and cars. No ordinary degree of cold will kill them; they may be frozen for years in a cake of ice, and when thawed out are alive and looking for a job.

Thirty years ago the per cent. of deaths in this city from tuberculosis, of people over twenty years of age, was one to

thirty-five, while last year gives the startling increase to one out of every five and a fraction. Now, any sane individual must agree that with this fearful increase there must be causes at work, and these are working over-time. We should not shut our eyes or ears to these causes, but act the part of rational, intelligent beings.

In the year 1882, bacteriological researches found tubercular infection in some cattle, and which increased to such an extent that in the year 1890, an article appeared in the *Country Gentleman*, (a noted agricultural periodical published in the East,) that "cattle tuberculosis seemed to be spreading over the continent of Europe as well as over the United States," and which has increased until at this day there is infection in probably 60 to 75 per cent. of all the cattle over the world. When we can take the germs from cattle and their products, and by inoculation grow the disease in many of the lower animals, is it not time that we should turn our attention to this as a potent cause, probably far greater than all other causes combined, but here we are up against the hungry hordes, who are too slow to believe that anything that tickles the uvula pleasantly can do harm, and no sort of argument or demonstration will convince them to the contrary. We see numerous physicians who are smart and educated, but when they are touched upon the point that conflicts with their appetites, they assume a condition of perfect idiocy in regard to the case in question. Of course butter and milk taste good, but we should have brain enough to stop their use when such facts as these confront us, or there should be laws enacted to protect us against our own ignorance when it is found that people will decide, and warp their better judgments to conform to their likes and dislikes.

It is my opinion, from years of observation and investigation, that nine out of every ten deaths from consumption, come directly from the ingestion of tubercular bacilli, contained in milk, butter and raw meat, and I can not see how any sane man can fail to agree with me, after even limited observation.

Of course the danger from raw pork is far less than from raw beef, as the repeated warnings that the people have had regarding pork infected with trichina, has scared the most of them, and they seldom eat raw pork. Still the danger from tubercular infection from raw pork is nearly as great as from the beef, as nearly all hogs reared upon dairy slops are tubercular to a high degree.

In the year 1899, I wrote a quarter page article upon the above subject, that appeared in one of our Sunday papers, which brought a tirade from many who carried more mouth than educated argument—but while I believe I was one of the first to warn the people of this danger, to-day nearly all of the best authorities agree with me. One veterinary physician of national repute, says, "Calves taken from tubercular mothers before they have suckled are free from the disease, which proves its transmission from mother to offspring through the medium of milk."

In 1899, a report from the State Veterinary Society of Illinois fixes the per cent. of tubercular cattle in the whole State at 28.

Dr. Carpenter, of London, England, says, "At least 80 per cent. of the cattle that are sent to the London markets are tubercular." While a Dr. McCall places his estimate at 50 per cent.

In 1898, the New York Board of Health, in their report to the legislature, says: "There is complete unanimity of opinion now in the scientific world as to the communicability from man to man, from man to animals, and from animals to man; that milk and its products will convey it, has been repeatedly proven. It has also been proven that animals fed upon tubercular meat become tubercular as the result of such feeding."

A recent number of a New York medical journal says: "The danger of the transmission of tuberculosis through the medium of foods, is not confined to the use of beef and dairy products. Western pork breeders are uneasy over the rapidly increasing prevalence of swine tuberculosis, which is becoming a serious question for the farmers. A hog expert has expressed his opinion that the animals receive the infection by being fed upon skimmed milk and dairy slops as hogs fed upon corn and distillery slops are never found tubercular."

Again we quote from the thousand-dollar prize essay written by Dr. Wayne Babcock, of Philadelphia, for the Maltine Co., upon Preventive Medicine (which will be mailed free to physicians upon request): "Klein asserts that tubercular bacilli increases in virulence when grown in milk. It is therefore evident that milk is a most important medium for the transmission of the disease. It may be infected after or before leaving the udder." He also says "McFadyen estimates that 30 per cent. of the cattle of Great Britain are tubercular, and in the United States from one-fourth to one-half of the cattle

react to the tuberculin tests, therefore milk should only be used from cows that do not react to tuberculin. This injunction is based upon the evidence accepted by all bacteriologists but Koch, that tubercle bacilli from cattle are infectious to man."

The grounds for believing that bovine tubercle bacilli are infective in man, may be briefly given.

"1. In nearly all of the lower animals, including hogs and monkeys, the bovine tubercle is more virulent than the humanized germs.

"2. Tubercle bacilli from tubercular human beings will cause extensive disease in cattle, as shown by Ravenel.

"3. Of children in hospitals using cows' milk as food, not less than one-third of the deaths will be from tuberculosis, and over one-third of these dead bodies will reveal a primary intestinal infection, as is shown by the statistics of Still and others.

"4. The relative greater frequency of pulmonary over intestinal tuberculosis does not prove that the predominant mode of infection was by inhalation. In four animals that developed extensive tuberculosis from eating foods containing tubercle bacilli, Ravenel found intestinal lesions in but one case.

"5. A number of cases have been collected in which a direct tubercular infection of man from the diseased bodies of cattle occurred, besides multitudes of cases in which tuberculosis resulted from drinking of milk; and in the light of the evidence here briefly summarized, tubercle bacilli from cattle should be dreaded as especially virulent, and the greatest care should be taken to prevent their entrance into the human body."

The above clippings are from a source that we, as medical men, must give a great degree of consideration. It must prove to any man of ordinary intelligence that raw meat, milk, and especially butter, are very dangerous foods. But says one: "I have eaten butter and milk since a child, and am not a consumptive," and in reply to such argument, turn to your physiology and refresh yourself upon what is said regarding the leucocytes combatting disease germs, and remember that many people are deficient in these white corpuscles, and also that other people may become deficient at certain times in their lives. Or, in other words, bad colds, overwork and other conditions may reduce the body-guard until there is not enough of the old guard to keep off the invaders, and infection results.

Very few of us believe in hereditary consumption. It is unreasonable to believe that a child may inherit a germ from its mother and carry this germ for thirty years, and have it de-

velop and kill him. The facts are that there are families, from generation to generation, from grandfather to grandson, that are deficient in these leucocytes, and will catch anything that they run against. This is what we are prone to attribute to heredity.

It is not an easy matter to designate a tubercular cow, as she may be fat and sleek, and still give the reaction to tuberculin, and wherever this reaction is observed, we will find the bacilli in the body of the slaughtered animal, or in the milk upon repeated examinations.

The poor-house in this city has about thirty cows to supply the milk for the institution, and some two years ago these cows were tested, and each and every one gave the tuberculin reaction, and three of them were slaughtered, and conclusive evidence was found to convince; and since that date none of those paupers can use a drachm of this milk until it has been taken to the kitchen and there brought fully to a boil.

From examinations made by the Illinois Health Board two years ago, of the cows about Bunker Hill, Pana, Litchfield and several other towns in that State, that furnish the greater part of the supply of milk that is used in this city, they found upon those large ranges, where the cattle are kept in every way up to the most approved ideas of sanitation, that twenty-eight cows out of every hundred were tubercular.

Butter is the greatest of all bovine products, in point of danger, from the fact that butter is never made from boiled milk. Oleomargarine, or butterine, is a better and safer product, as it is made by the action of great heat, and therefore any bacilli that may be contained in the tallow from which it is made are killed, and the action of the Congress of the United States in striving to drive butterine out of the market by imposing a tax of ten cents a pound on it, can not be too severely condemned. It is a law born of ignorance of the subject. Laws should be enacted that will put this product into the hands of the millions as one of the first steps in stamping out the dread disease, consumption. And further than this, laws should be enacted by the Legislatures of the various States, making it a crime to sell milk that has not been subjected to a degree of heat sufficient to kill these germs. Then, and not until then, will we note any decrease in this disease.

Statistics show that in countries where no cows' milk is used, consumption is almost unknown; and also statistics prove that in countries where the largest amount of cows' milk is used,

the largest number or percent. of cases of consumption is found. To assist in curing a disease we remove the cause, and to prevent this great increase of this deadly disease we must remove the cause.

If no harm came but to the idiots who poke this vile, disease-producing grease down their throats, we could say, "Eat more of it," that their places may soon be filled by men of intelligence, but the fool-killer don't stop at these victims, but the innocents are sacrificed from contact.

HYPNOSIS.

By W. B. Church, M. D., Cincinnati, O.

In State and national meetings next summer we may expect one or more papers on hypnotism, or, if that term seems overworked by that time, a more professional title, as therapeutic suggestion may head the manuscripts. We shall be mildly lectured for permitting fakirs and quacks to monopolize an important agency which ought to be kept in our own hands. There will follow such a convincing presentation of the things that can be done by suggestion, that it will be very apparent that such of us as have not advanced beyond medicine and surgery, as ordinarily conceived and practiced, are indeed back numbers. It must be admitted, too, that a large number, perhaps a majority, are predisposed favorably toward accepting the claims made, and ready to join in the chorus of regret that the profession has not been more alive to its interests and duties.

Just what hypnotism may be is not settled beyond question. It seems closely allied to hysteria, and it is in the treatment of hysteria that it has scored its greatest triumphs. Still, it has been quite without effect in many cases of this queer nervous affection. Indeed, its strongest advocates admit that it is available only in a percentage of cases. The claims of different operators run all the way from 10 to 80 per cent. A plain, practical man has great difficulty in trying to find out much about it that can be actually depended on or put to any practical use. The ordinary theories or popular conceptions will not bear investigation. It is popularly supposed that the hypnotist is possessed of superior will power whereby he controls or substitutes the weaker will of the hypnotized. Animal magnetism, although there is no such thing, did duty for a long time, supplying a tangible basis for extravagant and superstitious notions which the human mind is loath to abandon.

The simple fact that all knowledge is the result of experience does not satisfy us. We are constantly trying to evolve something from our inner consciousness to supplement the prosaic conclusions established by experience. That the public is both curious and gullible has been often remarked. Most popular delusions have some slight basis of reality.

In regard to the subject under consideration, all that can be positively affirmed is, that there is such a thing as hypnotism, or such a state as hypnosis; that it is closely allied to natural sleep; that it can be induced by suggestion; that not all, and probably only a small minority, are amenable to suggestion to the extent necessary to induce in them this condition of sleep, or state indistinguishable from sleep, so far as subjective sensations and appearances go. Yet wholly different in one respect, since the sleeper retains the ability to respond to suggestions, while his own judgment and sense of propriety and fitness are suspended.

This much must be conceded. We must also admit that in persons of a peculiarly sensitive nervous organization, this condition may be induced by any one filling the office of suggester. It is quite immaterial whether such suggester is a person of great or little will-power, concentration, electricity or magnetism. The essential thing is that he shall suggest to a very receptive mind, in some way, as by speech or gesture, something such mind accepts and acts upon, just as an insane person acts upon his delusions. Incredible and fanciful as all this sounds, it will be conceded by any one who has given the matter candid investigation.

It will be seen that little or nothing is dependent on the state of the suggester's mind; everything on the mind of the subject. If the subject really believes the hypnotist possessed of mysterious, irresistible power, he will be so affected by this delusion as to greatly favor his own hypnosis. This may reach such an extreme that the slightest nod or gesture becomes sufficient to send him off. More than this, some are so susceptible that they become auto-hypnotic from auto-suggestion.

It must strike an observing mind that too much attention has been paid to the role of the hypnotizer. He has been thought to be endowed with almost supernatural powers over his fellow man, when in reality he is just as other men are—no more, no less. Just the same electricity and no superfluity of animal or other magnetism. If we disabuse our minds entirely of all such notions, we shall be much better able to consider the question

of the possible utility and availability of hypnotism as a therapeutic adjuvant.

When we have eliminated all that is fanciful, mysterious and extraneous, it will be found that hypnotism has an extremely limited field of usefulness in medicine; and although claims have been made for it as a substitute for anæsthesia, under which minor operations can be done, and even admitting that in occasional instances it is possible to prevent recognition of a message carried by a sensory nerve to the sensorium, such profound hypnosis is too rare to be of practicable application. It is doubtful if there is a surgeon in the country who depends regularly upon hypnotism in operating. This kind of surgery is largely confined to the essays mentioned in the beginning of this article.

If hypnotism could be shown to be of real benefit, even in hysteria, it would be well worth our serious consideration. Hysterics are certainly the best subjects; by many investigators they are regarded the only subjects for hypnotism; but not all hysterics can be hypnotized, and often in cases that yield, no permanent benefit is secured. It may not be quite fair to relegate hypnotic treatment to the same plane with absent Christian Science treatment, but a better showing must be made for it before it can occupy a much higher plane.

Mesmerism was quite as absorbing a topic a few years ago, and had also considerable repute as a therapeutic resource. Mind reading, telepathy and spiritism have filled in the intervals. The domain of medicine has more or less attraction for them all. If not actually admitted to the ranks, they attempt to keep up relations as hangers-on. No other field of human effort affords so good a field for cultivation and exploitation of cults as medicine. Whether this is creditable to us I do not say. But so far as hypnotism is concerned, I believe it has touched high point, and is already receding. We shall give it less rather than more consideration in the future as an adjunct to treatment.

Anything from any source that constitutes a real addition to our therapeutic resources is sure of welcome and enthusiastic acceptance. So eager for reinforcements are we that we can not wait always for final tests, but lay hold of anything that gives possible promise of usefulness. In this way we alternate between hope and disappointment, and naturally become skeptical and slow to accept every new thing. It remains, therefore, still for Eclectics to adopt the motto of Paul: "Prove all things; hold fast that which is good."

THE THERAPEUTICS OF ERGOT.

By A. B. Conklin, M. D., Ambler, Pa.

[Concluded from page 189.]

The specific indication previously named, cold, clammy, relaxed skin, soft, feeble, compressible, rapid pulse, and a weak, rapid, fluttering heart action, are all prominent in the complex of symptoms. Stimulants seem to be demanded and yet their action is not to be compared to that of ergot, pushed with a free hand, in overcoming the alarming condition of the circulation in heat exhaustion. Don't give nitro-glycerin, however alarming the case may seem. It only intensifies the vascular relaxation.

The specific indications for ergot, above given, are to be seen in the algid stage of cholera; in cholera infantum, with collapse; in cholera morbus threatening dissolution; in congestive chill; and in typhoid fever when ending by crisis. In these several diseases it is the condition of the circulation alone that threatens the immediate termination of life, and it matters little then what the name of the disease be which has thus paralyzed the circulation. It is a condition that confronts us, not a name. The condition calls for ergot, belladonna, camphor, capsicum, xanthoxylum, digitalis—remedies that impart tone to the vessel walls, increase blood pressure, and in this indirect manner induce a more vigorous action of the heart, and are to be preferred to the direct heart stimulants like strychnia, alcohol, and especially glonoin, for reasons already given.

Ergot is pre-eminently the remedy for the circulation in those who consume alcoholic drinks. The red nose of the tippler, the visible capillaries upon the nose and cheeks of the steady drinker, and the watery eyes, copious perspiration and edema of cellular tissue, seen in the confirmed inebriate, all tell the tale of vaso-motor relaxation or paresis. It is a condition of the circulation favoring congestion, and when occurring in the brain leads to restlessness, insomnia, high nervous tension and hallucinations.

In delirium tremens, with capillary relaxation. I know of no better remedy than ergot, given hypodermically, in drachm doses, and repeated at intervals of an hour until its physiological action may be noted; capsicum and hot milk should be given at the same time as freely as the stomach will bear. A single hypodermic of ergot I have seen to calm a raving maniac where morphia had failed, and induce sleep in less than half an hour,

when it had not been known for a week, and hypnotics had been tried in vain.

Again the insomnia that comes from simple cerebral hyperemia, whether induced by too close mental application, worry, anxiety or care, is better overcome by ergot than by the strictly hypnotic drugs. A single drachm dose of Lloyd's Ergot will often insure a full night of perfectly physiological sleep, when insomnia has resulted from too active cerebral circulation.

Dr. Alfred T. Livingston, of Jamestown, N. Y., is credited with several interesting articles, appearing lately in journal literature, extolling the virtues of ergot in morphinism and the general class of drug habits, but of this use of ergot I can not speak from experience, save in alcoholism.

Functionary activity of a glandular organ implies hyperemia of its circulation. All this is physiological, but when the capillaries are in a state of parietic relaxation there is a pathological increase in secretion. Ergot, by controlling the capillary circulation, limits the secretion of the glandular organs. This is its benign influence in checking night sweats, salivation from the use of mercurials, drooling of teething infants, profuse lachrymation, bronchorrhea, chronic diarrhea, the diarrhea of fright (shock), polyuria, menorrhagia, and in checking an excessive secretion of milk. An acute coryza with profuse watery discharge from the eyes and nose may sometimes be very promptly relieved by fortifying the capillary circulation with ergot, used both locally and internally.

This same property of ergot of lessening the amount of blood in a part may be utilized to the greatest advantage in overcoming congestion, and thus preventing inflammation. In cerebral and spinal congestion, threatening meningitis, ergot displays the greatest abortive and curative properties of any drug with which I am familiar.

When meningitis is developed ergot is of the greatest service in modifying the inflammation, allaying pain and convulsions, and preventing many unpleasant sequelæ. Its action is similar to that of belladonna, but is to be preferred in proportion as vaso-motor paresis prevails. I would say, belladonna for the earlier stages of congestion, and ergot in its later stages with vascular paresis. Congestive migraine is another condition illustrating the curative action of ergot by simply lessening the amount of blood in a part.

Congestion of the stomach producing irritable nausea, retching and painful vomiting, may be relieved more effectually by

ergot hypodermically than by the class of remedies usually employed. Congestion of the bowels giving rise to pain, cramps, tenderness on pressure and possibly watery stools is well met by ergot.

Congestive dysmenorrhea calls for ergot. Ergot can hardly be credited with analgesic properties, though it relieves the pain of vascular engorgement by overcoming the cause. It increases blood pressure, but lessens the pressure of the vessels upon extra vascular tissue including nerve terminals.

In edema of the cellular tissue from impaired venous circulation and engorgement of the lymph channels ergot may to advantage be combined with such remedies as apocynum, apis, aralia, infusion of digitalis, etc. In erysipelas ergot may be used where rapid swelling and extreme infiltration of the cellular tissue are prominent features. Ergot to limit local conditions and renal depurants to eliminate the toxic cause, constitutes good treatment for erysipelas.

People of advanced years, where a weakened state of the vessels is to be expected, and those of a plethoric habit, when apoplexy is to be feared, a one-sided headache that pulsates with every beat of the heart and is intensified by bending over, and especially if there is ringing in the ears, injected conjunctivæ, sparks before the eyes and some clouding of the faculties—symptoms showing cerebral congestion—can be relieved almost to a certainty by ergot, in half-drachm doses, in combination with bromide of potash, in twenty-grain doses, every three to six hours. Where a patient is threatened with apoplexy, ergot is a physiological support to the cerebral vessels and may save such an one from cerebral hemorrhage.

In aneurism ergot has long enjoyed some reputation as a curative agent, but opinion has always been divided as to its actual utility. Recalling the relative distribution of muscular tissue in the vessels, we may reason that directly in proportion as they possess this kind of tissue, ergot may become a support to their dilated walls. Miliary aneurisms may be very largely overcome by the use of ergot. In aneurism of the aorta I should question its utility, or even propriety. Ergot increases blood pressure, a condition we desire particularly to avoid in aortic aneurism. I would say, do not give ergot for aneurism of any vessel of such size that elastic tissue has largely replaced the unstriped fiber in its walls, so that it may not be made to contract under the influence of the drug. In angioneurotic edema ergot exerts a good influence upon the vessel walls.

Note that all the indications thus far given for the use of ergot are such as point to its action upon the organs of circulation. The further indications for its use are such as point to its utility in causing contraction of the same kind of tissue, but found elsewhere than in the blood vessels, as the sphincters and walls of hollow viscera.

Pulmonary vesicular emphysema, in its beginning, may be very favorably influenced by ergot in drachm doses every four to six hours. Chronic laryngitis with relaxation of the mucous membrane inducing tickling, violent fits of coughing and catarrhal secretion, the blood vessels at the same time being visibly dilated, is a condition calling for ergot. Lack of peristalsis and want of expulsive power in the lower bowel, is a good indication for ergot.

Incontinence of urine in the aged, bed wetting in children, and involuntary escape of urine during fits of coughing, sneezing or inordinate laughing, mostly with women, may be checked by stimulating a more forcible contraction of the sphincter vesicæ with ergot, in forty to sixty drop doses three times a day. In enlargement of the spleen from malaria, ergot, in combination with polymnia uvedalia, is a better treatment than the latter drug alone.

Ergot imparts tonicity to pelvic tissue. Prolapsus uteri from relaxation of its supports, with or without muco-purulent discharge; chronic subinvolution—in boggy uterus, with metorrhagia and pouching of the vaginal walls, calls for the use of ergot, in doses of sufficient size, repeated at sufficiently short intervals, to keep the tissues in a condition of tonicity. Its use in conjunction with senecio, lilium tigrinum, helionias or macrotyis, covers the medicinal treatment of such cases and will cure many.

Tetanic contraction of the uterus, under the influence of full doses of ergot injected over the organ, or into its walls, will often cause a uterine polypus to wither for want of nutrition, and even be detached and thrown off.

Prolapsus of the rectum may be overcome by stimulating the sphincter ani and rectal walls to more firm contraction by the use of ergot. Incontinence of feces and those enfeebled from extreme age, exhaustive disease, and even in conditions of partial paralysis, may be much benefited by full doses of ergot. Paralysis of the bowels as well as of the bladder is an indication for ergot, alone or in combination with strychnia for the bowels, and santonine for the bladder.

A thin, relaxed scrotum, with enlarged veins and cold, clammy sweat, a shrunken, flaccid penis, the glands being cold, and withal a lack of erectile and intromittent power, point to relaxation of unstriped muscular tissue and call for ergot in drachm doses three or four times a day. Spermatorrhea, due to relaxation of the seminal ducts, finds its physiological antagonism in ergot. Ergot deposited among the veins with a hypodermic syringe is recommended by good authority as a curative measure for varicocele. It is not without good effect upon the dilated veins, but the intense pain attending its use will prevent it from ever becoming a popular treatment.

Last, if not least, its value in obstetric practices. It has been used and abused more in labor cases than anywhere else, but out of a vast experience by the profession we have learned its legitimate application, and make use of it now almost solely for a single purpose, during parturition, viz:—to prevent or arrest hemorrhage following delivery. This means it may be used only during the last throes of labor or after the uterus is emptied. While it is true ergot may be used under the most favorable circumstances to increase the expulsive efforts of the uterus, yet, in most cases of labor, when it becomes necessary to stimulate the pains, ergot is not to be compared to the use of large flannel cloths wrung out of water as hot as can be endured by the patient, and spread over the dome of the abdomen and changed every sixty seconds. This measure possesses the further advantage of keeping at least two women fully employed, and they find no time to wring their hands and ask the doctor why he don't do something for his patient.

It is quite as desirable to know when not to give a remedy as to know when to give it, and as ergot is not without unpleasant effects, if given when contra-indicated, it may not be amiss to mention some conditions which should prohibit its use.

Again, discerning empiricism confirms what might have been inferred from the known physiological action of the drug, viz: that the pathological conditions which contra-indicate the use of ergot are such as show already undue contraction of unstriped muscular tissue, either with the blood vessels, sphincters, or walls of hollow viscera.

When affecting the blood vessels there will be found a diminished capillary circulation, shown by a dry, parchment-like, shrunken skin, with dry and falling hair, the scalp being covered with dandruff, and the skin also, possibly, showing spots of dry eczema, psoriasis, seclevo-derma, or coldness. The mucous

surfaces possess neither normal color nor moisture, and there is diminished secretion from glandular organs.

High blood pressure, from which may result bradycardia, and an intermittent heart action with palpitation is a condition unfavorable to the use of ergot. As ergot increases blood pressure, it should not be given when endo-carditis exists, or when myo-carditis or degenerative changes have weakened the heart walls. So also when the heart is contending against a contraction of the peripheral vessels, as in interstitial nephritis, arterio-sclerosis, gout, many cases of rheumatism, arthritis deformans, lithemia, and most neurosal manifestations of the so-called uric acid diathesis, it should not be further taxed by the increase of blood pressure incident to the use of ergot. Reynaud's disease, simple gangrene, diabetes mellitus, spinal anemia with neurasthenia, and cerebral anemia with melancholia and progressive dementia, should contra-indicate the use of ergot.

In giving ergot in large doses or for long periods of time, it should not be forgotten that ergot may induce retention of urine by causing tetanic contraction of the sphincter vesicæ. From this it follows that ergot should not be used if retention of urine already exists. So also strangury and the tenesmus of dysentery may bar the use of ergot. Further contra-indications for its use are found in spasmodic stricture of the urethra, rectum or esophagus, either as a neurosis, or as a phase of hysteria, spasm of the larynx (*laryngismus stridulus*), bronchial asthma, vaginismus, and hour-glass contractions of the uterus.

BIOGRAPHICAL SKETCH OF JOSEPH R. DUNCAN, M. D.

By Alexander Wilder, M. D., Newark, N. J.

Another of the old line of worthies that was prominent in the Eclectic ranks has passed from the region of time to be enrolled in the innumerable host beyond. Doctor Duncan leaves a name with us which his own domestic circle and those who knew him socially or professionally can always remember with emotions of pride and pleasure. In his fidelity to duty, ability in his profession and civic virtue he was distinguished above the generality of men. Going out of life in the maturity of his years, with his work well performed, we have occasion only to speak in his praise.

Joseph R. Duncan was a native of Highland County, O., and was born on the 27th of March, 1827. His ancestry was

Scotch, and he inherited a liberal endowment of stubborn perseverance, seriousness and adherence to conviction which is characteristic of that people. He received in boyhood only the instruction accessible in those days, but he made a creditable proficiency. Trained early to manual labor, he learned to regard idleness and waste of time and opportunity as reprehensible offenses. On attaining adult age, he resolved to become a physician, and engaged in preliminary study with the late Dr. Robert C. Earl, at Pleasant Hill, in Miami County. He at a later period matriculated and graduated at the Eclectic Medical Institute. He began practice at Hillsborough, soon removing to Jacksonville, O. The territory of Iowa then offering an encouraging field to young men of ambition, he removed to the young commonwealth and made his residence at Knoxville. He was both successful in the gaining of a lucrative patronage and in taking a high rank among medical men in that State. Upon the breaking out of the Civil War he became surgeon to the 11th Regiment of Iowa Volunteers, becoming post surgeon at Vicksburg for a year, and afterward having charge of the Marine Hospital in that city. He was then appointed surgeon to the 46th Iowa Regiment, and remained in service till the close of the war.

Dr. Duncan, if not a "king of men," was at least an effective man in bringing men into united activity. He early took part in the forming of the Iowa State Eclectic Medical Association, holding its important offices, and represented it in the convention at Chicago in 1870, to form a new National Association. The next year he attended the meeting in the city of New York, and was elected president, succeeding the late Dr. John W. Johnson. He was accordingly, at the time of his death, the dean of the ex-presidents, as that distinction now devolves upon Dr. C. Edward Miles, of Boston.

Dr. Duncan was now invited to take the chair of Physiology in the Bennett College, and accepted. He accordingly removed to Chicago. He presided at the next annual meeting of the National Eclectic Medical Association. His annual address was concise, simple in style and emphatic in statement. There was nothing elaborate as if to display the speaker, but the matter was what he considered appropriate to the occasion.

Misfortune overtook him in 1874. A fire destroyed his house and everything that he had acquired. This made a change necessary to recuperate his fortunes. He now removed to Crawfordsville, Ind. He had wedded a lady of that town in June,

1848, and there were attractions to lead to his choice of their new home. Slowly he mended his condition, and became able to establish anew his various social and professional relations. He was as prominent and influential in Indiana as he had been in Iowa. Indeed, he never failed in gaining respect and esteem.

My first acquaintance began with him at Chicago in 1880. It had been determined by the Eclectics of the city to make this meeting of the National Association one famous in its history, and they spared no expense in accomplishing the purpose, straining their own resources and depleting the treasury of the organization. The occasion was fully up to their aims. All the ex-presidents then living were present and were guests of honor, and there was much that is pleasant to remember.

As his circumstances improved, Dr. Duncan came oftener to the annual gathering. He served often on committees, but being habitually diffident, he took no pains to make himself conspicuous. In 1883 the Association met at Topeka. He was present there, and when through the tact and good offices of Dr. Yost, of St. Louis, we were treated to an excursion from Kansas City to Baxter Springs and the Indian Territory, he went along. He and myself were the veterans of the company, and we conversed much together. He appeared to me to be depressed in spirits; probably business cares and a weakening bodily constitution were telling on him. But he was like most men of serious cast, always on the alert to do whatever came to his share, and he never was remiss. We often interchanged letters, and I entertained a high regard for him.

Much can be said in relation to his public spirit and social disposition. He was always ready to aid and encourage whoever he believed to be deserving. He was an active member of the Masonic order, and the services at his death were conducted in the Masonic Temple at Crawfordsville. He also belonged to the Order of Odd Fellows, and likewise of the A. O. U. W., by whom he was interred. Having served in the Civil War, he of course was in the Grand Army of the Republic, McPherson Post. He was a warm admirer of his famous fellow-townsmen, General Lewis Wallace.

His health had been suffering for many years. He came East several years ago on a professional tour, but was compelled to return. After that he appears to have been less active. Three years ago he was prostrated by catarrhal pneumonia (grippe), and for a long time his life hung on a thread. The convalescence was slow and imperfect; that form of disease seems al-

most impossible to recover from. Yet in January he seemed to be improving more than before, when the internal organs of the abdomen became congested. He realized that now the end was coming. He prepared himself for it, receiving the attentions of his clergyman, the Rev. Dr. C. H. Wilson, who was at his side at the end. Dissolution finally took place on the afternoon of Saturday, January 31st.

Dr. Duncan had early become the subject of religious impressions, and had united with the Methodist denomination. Later, however, his views underwent a change, and he transferred his relations to the Presbyterian Church. Always serious, his sense of honor was vivid. He would never, even in his most unfortunate experiences, shirk an obligation, but would scrupulously pay every debt. He was very sensitive in regard to slighting any one or being slighted himself. But he was more prone to sense of hurt rather than to a feeling of resentment. One had but to win his confidence to assure his loyalty even in conditions most untoward. To be kind, charitable and persistent in service to others seemed to be the very breath of his life.

He was married in 1848 to Miss Mary Krug, the daughter of a citizen of Crawfordsville, who died twelve years ago at the age of 103. Mrs. Duncan herself has been dead several years, and only two children—one daughter and a son—survive them.

It need not be added that Dr. Duncan was highly regarded in the city where he spent the last twenty years of his life, and that none mention him but to speak affectionately of him.

SETON HOSPITAL REPORTS.

PROF. L. E. RUSSELL, SURGEON.

CASE 83.—Mr. J., aged thirty, referred to the clinic by Dr. F. J. Livingston, of Salix, Pa., on account of recurring appendicitis, was operated upon March 4th, a few days following the recurring interval. We find, on opening the abdomen over the head of the colon, adhesions of peritoneum around the base of the appendix, and the appendix tied down behind the head of the colon by a mass of adhesive inflammatory exudate. We pinch loose the appendix by placing it between the index and the middle finger, and pull it up out of the incision. It presents a clubbed end nearly the size of the finger; and one-third the way from the proximal end we have a torsion with adhesions, which have in a measure obstructed the lumen of the appendix

—infarction. We now place a double ligature between the meso-appendix and the appendix, and constrict the meso-appendix so as to prevent the possibility of hemorrhage, which is always to be considered in appendectomies. The appendix is now held up by an assistant grasping it between the fingers, and with the small tenotome we girdle the peritoneal covering the entire circumference, and about one inch from its attachment to the head of the colon. A very fine thong of silk is now made to constrict the appendix at its lowest point of dissection; after which we sever with scissors, and cauterize the end with carbolic acid to prevent the possibility of infective peritonitis. The stump is now grasped with narrow blade hemostats and pushed down into the colon, and at the same time we pull forward and advance the cuff, which will be sutured over the appendix stump.

Just at this point we draw the stump of the meso-appendix, and attach its severed end to and around the stump of the appendix: this masses the trauma, and in fact sutures all trauma out of the abdomen.

Much has been said in convention discussions, and many writers of ability have dealt with the question of when to operate in appendix lesions. It seems to me this question is fairly answered when we say, operate any time when there is much embarrassment, or evidence of appendicitis; with this proviso: if the patient is making a good recovery from an acute attack, it is well to postpone the operation, and advise the removal of the appendix between intervals, as suggested by the physician sending this case to the clinic.

Let us split open this pathological specimen and note the condition. At the proximal end the lumen is obstructed within one inch of the distal end. We make an incision over the tumor-like mass, and we find an active ulceration taking place: which makes it self-evident that this man would soon have had a recurring attack with imperforation, and undoubtedly an infective peritonitis with fatal results.

In those cases where an abscess has formed, the practitioner can make the incision without waiting for aid from the surgeon. I advise two incisions: one at the superior prominence of the abscess cavity, and another at the inferior border. This gives room to place in iodoform gauze, and is also quite efficient for drainage and washing out of the abscess cavity. Great care must be taken in these cases of advanced abscess cavities, as there is danger of having a perforation of the intestine, or of forcing an opening and allowing the escape of the pus into the abdominal cavity.

CASE 84.—Referred to the clinic by Dr. Harley, of Miami County, Ohio. The patient is a young man twenty years of age, who received a very bad fracture of the left leg near the lower third of the tibia and fibula, some ten weeks ago, and the union is of a fibrous nature. The fracture was of the diagonal variety, with slipping of the ends past the broken bone surface, preventing proper osseous union. Allow me to say to you now, if I ever publish a book on surgery, I shall lay much stress upon the importance of doing a tenotomy to the tendo-achillis in all oblique fractures of the tibia. No harm can come from this severance of the tendon; it places the lower end of the fractured limb at perfect rest without having constant pulling by the strong gastrocnemius muscle; and it lessens the danger of this joining of the limb and the passing by of the fractured ends.

Inasmuch as this fracture has been of ten weeks' standing, it becomes necessary for us to make an incision over the line of the spine of the tibia, three or four inches in length down to the bone, rolling back the periosteum so that we may saw off the ends of the bones—freshen the fractured structure in such a way that the ends of the bone will properly approximate. The mitted bones are now placed in apposition, and we then drill through the upper part of the fractured bones and insert heavy silver wire; while we twist the ends lightly until we can drill another opening through the lower part of the fractured bones and again pass heavy silver wire. The limb is now properly straightened and the wires twisted carefully; and leaving one-half inch of the twisted wire, which is pressed down lightly against the bone, and over all the periosteum muscle, and the skin will be sutured with a figure of eight silkworm gut suture. This will draw in line and hold in apposition the periosteum; and at the completion of the union of the sutured parts, the whole suture can easily be removed. The limb is now encased in plaster, with sufficient allowance made so that there will be no obstruction to the circulation; the foot set at right angle to the leg, so that on the recovery of the limb there will be no projection of the foot with stiffening of the ankle-joint, preventing the use of the foot for many weeks or months; on the contrary, the flexion of the foot upon the leg puts the limb in the very best position for immediate use following the bony union.

CASE 85.—Mrs. N., the mother of six children, referred to the clinic by Dr. Hollingsworth, of Creston, Ohio. Upon examination of this case we find a bi-lateral laceration of the uterine

cervix, with the cervical tract dilated to the extent of one-half inch, uterine subinvolution, and an enormously enlarged and thickened uterine cervix from congestion and cicatricial tissue. We expose the enlarged cervix, and you notice the angry condition of its distal inch. As a first step we shall dilate, curette, and pack the uterus; then we shall take out a large triangular portion of the cervix, extending upward as far as the cicatricial tissue. In this case, because of the greatly enlarged cervix, we shall make the incision at the base, at least one inch on either side. This then will enable us, on completing the trachelorraphy, to reduce the cervix to its normal size. This patient has suffered greatly from pelvic reflex trouble; and in addition to the uterine lesion we have a hemorrhoidal condition, with redundant tissue that has been a potent factor in irritation of the pelvic plexus of the great sympathetic nervous system.

CASE 86.—Miss M., aged 25 years, referred to the clinic by Dr. Porter, of Elnora, Ind. In this case we have just the reverse of the one which preceded it. Upon examination here, you will notice the infantile uterus, the pin-hole os-uteri, and nearly obliterated cervical canal; and upon bi-manual examination, we find a thickened condition of the uterine appendages. This patient has been a constant sufferer since she was fifteen years of age, which suffering has greatly increased in the last few months, until the pelvic abdominal cavity has become extremely sore even to the weight of the clothing. She has had a severe dysmenorrhea, and many of the symptoms of pelvic reflex trouble described in the foregoing case. We shall try to correct this lesion by thorough dilatation of the uterine cervix, and curettage. You will note here the inability of the operator to introduce the uterine sound; we must therefore resort to narrow blade hemostats; and after inserting the blade the hemostat will be opened, gently springing the handle upward, until after a time we shall accomplish some dilatation. It will be noted that it takes much time in this case to produce any dilatation worthy of mention; but with patience and care we shall be enabled after a time to insert the uterine dilator, which will more readily accomplish the desired result. All points of irritation must be relieved in this case, the endometrium carefully curetted, which will in a measure help to relieve the embarrassment of the appendages by giving proper drainage. Much good will be gained in the further treatment of this case after her return home, by the administration of pulsatilla and viburnum, at or say a day preceding the menstrual period; and intra-menstrual I would advise the giving of some of the preparations of iron.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

DIFFERENTIATION OF COMMON EYE DISEASES.

CONJUNCTIVITIS.

In order properly to understand the various inflammations grouped under this head it is well to remember that in the conjunctiva there are two vascular systems—that of the posterior conjunctival vessels and that of the anterior ciliary vessels. Because of the many anastomoses that exist between these two vascular districts we find, in severe inflammations of the anterior section of the globe, that both are injected. Fortunately, however, we are able, as a rule, readily to distinguish between conjunctival and ciliary injection.

Conjunctival injection presents to the eye a superficially disposed network of vessels that can easily be moved along with the conjunctiva and in which the individual meshes are distinctly visible. The injection, moreover, is of a vivid scarlet or brick-red color.

Ciliary injection occurs as a rose-red or pale-violet zone around the cornea—*circumcorneal injection*—in which individual vessels can not clearly be recognized. In ciliary injection the redness is diffuse, and when the conjunctiva is displaced, the vessels do not move with it. This is a most important point in the differential diagnosis between an inflammation of the conjunctiva and diseases of the deeper structures of the eye, such as iritis and glaucoma.

In a *simple conjunctivitis* we have congestion of the posterior conjunctival vessels, and in *iritis* and in *glaucoma* we have injection of the anterior ciliary vessels or of both vascular systems.

The conjunctiva covers the posterior surface of the lids and the anterior surface of the eyeball forming the conjunctival sac. For descriptive purposes we make three subdivisions: The conjunctiva tarsi, covering the lids; the conjunctiva bulbi, covering the anterior segment of the eyeball; and the portion that is reflected from the lids to the globe—the fornix conjunctiva, or fold of transition. In diseases of the conjunctiva it is this last fold—or folds—that requires special attention.

Diseases of the conjunctiva form, on an average, 30 per cent. of all affections of the eye; in epidemics, of course, this percentage is much higher.

For general clinical purposes conjunctivitis may be divided into three forms: the hyperemic (and congestive), the catar-

rhial, and the purulent. There are, however, many subdivisions, such as croupous, diphtheritic, traumatic, trachomatous, scrofulous, etc., but in these forms the conjunctivitis is merely a symptom of a special exciting cause.

In the majority of cases of acute conjunctivitis the morbid matter is brought into contact with the conjunctiva through the medium of the atmosphere; this has been proved in a form of conjunctivitis by the discovery of a special bacillus by Koch-Weeks, Morax-Axenfeld, Hansell, and others. But there are also instances in which a poisonous principle, circulating in the blood, has been the cause of the conjunctivitis. In measles, before the rash appears upon the body, there is frequently observed a conjunctivitis, this constituting, therefore, a prominent symptom of a beginning rubeola.

Acute catarrhal conjunctivitis is characterized by the following symptoms: a sensation as of a foreign body, such as sand, in the eye (a most important symptom), burning, itching, photophobia, lachrimation, and agglutination of the lids on awakening. There is a vivid scarlet or brick-red congestion, increasing away from the cornea and toward the fornix, which is not the case in iritis or glaucoma, for in these diseases we have the injection most marked and intense around the cornea and more diffused. It is at this point that we call to our aid a drug that will help us in making our diagnosis. A drop or two of adrenalin will give us accurate and timely diagnostic assistance. If the entire surface of the conjunctiva becomes pallid in a uniform and regular way, we are dealing with a simple conjunctival affection. If an iritis is present, the conjunctival hyperemia disappears, first leaving the characteristic violet tint around the cornea. If the iritis is in its incipency, another instillation of adrenalin may remove all traces of hypermeia. As the action of this drug is very rapid, the observations should be made with the utmost caution. If the iritis is severe and the congestion intense and diffuse, repeated instillations of adrenalin must be made.

If the conjunctivitis proves severe, a marked intensification of the initial symptoms follows in about twenty-four hours. There may be some pain or tenderness of the globe, but it is not neuralgic, as in glaucoma or iritis, a fact to be remembered in differentiating between these diseases. The secretion, at first mucoid, now becomes mucopurulent; there may be subconjunctival hemorrhages, and at times swelling of the conjunctiva around the cornea occurs. Flakes of mucus may be seen floating in the profuse lacrymal fluid.

CONJUNCTIVAL CATARRH, IRITIS, AND GLAUCOMA.

In differentiating these diseases one from the other we have as valuable diagnostic aids—first in importance—the appearance of the *injection*. In iritis and glaucoma we find the violet or dusky-red ciliary injection. In conjunctivitis, as has been said, the injection is of a vivid scarlet color. Next in diagnostic value is *discoloration of the iris*, the presence of which should be ascertained by careful comparison with the normal eye. In conjunctivitis the pupil remains unaffected, whereas in iritis and in glaucoma the iris is discolored. The diagnosis is influenced also by the *size* of the pupil, which is contracted in iritis, dilated in glaucoma, and unaffected in conjunctivitis. In conjunctivitis there are some pain and tenderness, but the pain is not neuralgic, as in iritis and glaucoma.

An inflammatory glaucoma is often mistaken for an iritis by the presence of ciliary injection and discoloration of the iris, symptoms common to both diseases, a mistake which is rendered doubly grave by the fact that although we use atropine freely in the treatment of iritis, we know that it must never be instilled in a glaucomatous eye.

In glaucoma the injection is decidedly venous in character or dusky-red in color; the episcleral veins are large and tortuous, owing to the pressure on the vasa vorticosa throwing greater work on the anterior ciliary veins. In iritis the injection is general and intense, especially circumcorneal injection of the ciliary vessels. In conjunctivitis the injection is velvety and increases away from the cornea and toward the fornix.

In acute glaucoma, a characteristic symptom is loss of vision, frequently coming on suddenly and perhaps out of all proportion to the apparent inflammatory condition; in iritis the loss of vision greatly depends on the cloudiness of the aqueous or the exudation in the pupillary space. In simple conjunctivitis the vision is unimpaired, depending on the photophobia or the amount of mucus or pus which may float over the cornea.

Photophobia and deep ciliary injection indicate that a more serious condition than a simple conjunctivitis exists, and in the presence of these symptoms we should seek for a foreign body in the upper lid or on the cornea, an ulcer, or even an inflammation of the deeper structures of the eye.—L. F. Iov*, M. D. in *Therapeutic Gazette*.

PHOTOGRAPHING THE HUMAN EYE BY FLASHLIGHT.

Dr. Walther Thorner, of the University Eye Clinic, at the Royal Charite in Berlin, has devised an apparatus by means of which it has become possible to obtain good photographs of the background of the eye. This result, though long desired by oculists, has hitherto been found impossible. Dr. Thorner has, however, accomplished this important step in the treatment of eye diseases. His contrivance constitutes a material improvement of the ophthalmoscope invented by Helmholtz in 1850, which latter device only admitted of looking at the background of the eye.

Owing to its peculiar construction it has therefore been impossible to photograph the interior or back of the eye. It is a matter of great difficulty to illuminate the interior sufficiently to take a serviceable picture, and even if strong sources of light were used the exposure would last too long, rendering necessary a fixation of the eye which in turn would entail much trouble to the patient.

Dr. Thorner first succeeded in obtaining photos of the eyes of cats, but the interior of the human eye being much darker, before good photographs could be obtained it required many improvements. The changes proved perfectly satisfactory; with a soft light the eye is focused so that the back yields a clear image on the photographic plate. The plate put in the camera is opened by pressure on a slight lever and a flashlight is fired by electricity. The background is thus lighted up for a moment and a splendid flashlight photo caught of the dark interior and back of the human eye. It is now possible to distinguish healthy eyes readily from ailing ones, the eye of strongly shortsighted persons being, for example, shown by peculiar rings around the sunlight-illuminated centre. Oculists can now watch the progress of eye diseases step by step. The apparatus also allows one to take a picture of any separate part of the interior of the eye.

—*Med. Chir Journal.*

PERISCOPE.**HYDRASTIS CANADENSIS.**

Hydrastis has a varied and wide range of usefulness; the more we study the drug the more far-reaching its virtues become apparent. Whilst not in a position with this old remedy to advance anything new nor able to disclose half its merits, its reputation in past history of Eclecticism is worthy of not

being forgotten. I will wager to say, that were its alkaloids but recently elaborated, and marked "From Germany," the whole medical profession would run rampant in praise of them.

The special affinity of hydrastis in disease expression is that of a mucous membrane tonic; were it possessed of no other value, this alone in view of catarrhal states of universal prevalence deserves to class it among one of the foremost medicines. The specific indications for hydrastis are an increased secretion from mucous surfaces with atony, as evidenced by impairment of circulation and innervation. Its role of superiority is that in which chronicity for a lengthened period has existed in connection with the above indication. All mucous surfaces respond to its action and the more direct its application can be made to diseased tissue the more pronounced its curative effects are manifested. Its sphere in throat and nasal catarrh of a chronic nature, assuming whatever forms medical terms may designate to locate the trouble, is of special import, since accessibility is here easily obtained. It combines advantageously with astringents and disinfectants when desired. In catarrhal states of the naso-pharynx and other upper air passages I frequently add gr. v. of Zinc Sulph. ounce i. of powdered Hydrastis root, pour on boiling water drams iv., let stand twelve hours and apply the clear solution directly to diseased mucous surfaces by aid of spray attached to compressed air outfit. The drug enters favorably in suppositories either singly or in compounds for hemorrhoidal and other rectal diseases; likewise in genito-urinary troubles either of a specific or non-specific nature where profuse secretion is not due to active hyperemia, it exerts a decided curative tendency. The eye and ear specialist gives heed to its merits for the relief of certain affections of these organs. To generalize I may add, that hydrastis locally applied stimulates all mucous surfaces to a healthy action after the acute or sthenic period of inflammation is past and a tonic stimulant is indicated. As an internal agent it has a tendency to increase arterial pressure through its influence on the vaso-motor system; hence it becomes a valuable adjunct to other remedies or used singly in certain gastro-intestinal conditions of an atonic nature. I frequently resort to the drug in dyspeptic states where anorexia, eructations of gas, sensations of fulness after meals with distress or pain succeeding, and especially with atonicity marked, as indicated by the imprints of the teeth left on the margin of the tongue; with this array of symptoms

it rarely will fail of doing good. It combines very favorably with podophyllin as an hepatic stimulant and alterative. In long continued treatment thus employed it should be given in small doses, and I prefer making use of the powdered root triturated with the podophyllin in proportion of gr. i. of the former to gr. 1-30 of the latter, twice daily; it thus gently stimulates the vegetative process of nature and brings about a normal action of the gastro-intestinal tract, together with an added *excretion* from the liver which contributes as an antiseptic to the bowels.

Lastly, I may urge that our old friends, which have stood us serviceable usage, in the past, tried and found true, should not be forgotten, and in lieu thereof supplanted by a class of drugs foisted upon us, and bearing a foreign label, the therapeutic value of which there is nothing but experiment to recommend them, and the chemist's greed for commercialism.—
DR. A. J. CRANCE, in *California Medical Journal*.

A CLEAN MOUTH.

Keep a clean mouth if you would retain your patients. Keep it clean figuratively, and literally, physically, and morally. Only the most ignorant and illiterate would dare allow his language to sink below the highest level which he was capable of maintaining, in the presence of comparative strangers; the danger comes when the patient has made repeated visits to the office, and has become confidential in his or her demeanor. Remember that no matter how your patient may act or speak, it is absolutely and always essential that you retain a dignified demeanor. We do not mean that you should be pompous, but that you should allow the patient to understand that while his or her visits to your office may be to them a pleasure, it is to you strictly business. Let them know that while you can appreciate anything they may say, that there are many things you do not yourself say. Never descend to the depths of gossip, especially if it involve relations not mentioned in polite society. It is strange, yet true, that lady patients, and we use the term "lady" advisedly, will say things to "their doctor" in the privacy of his office, that they would not think of mentioning to a lady friend. We do not refer to medical matters, but to "talk," and to gossip. In medical matters, always use the proper term, and if you see that your patient does not understand you, you can easily use another common term without invading the realms of vul-

garism or indecency. If "vagina" is not known to your lady patient, she will understand "birth-place," "opening," "canal," or at worst "privates." If anus is not understood, the "lower opening of the bowel" will be.

Keep the mouth clean physically. The man who uses tobacco or liquor, even in moderation, has blunted his sense of smell, and can not appreciate how "awful" his breath really is. The practitioner who often insists upon his patients keeping their teeth in good condition, often has reeking and rotten snags in his mouth with the odor of which he offends many. He who wears false teeth is oftentimes equally negligent, and the material under the plate would give a bacteriologist working material for a long time. If you have ever been ill long enough to have regained the sense of smell held in abeyance by the use of tobacco, recall how offensive the breath of the doctor who used tobacco was, or if you have ever, when ill, been treated to a whiff of stale beer, you will admit the force of the claim.

The mouth should be kept scrupulously clean. If tobacco must be used, the mouth should be well rinsed immediately afterwards with some mild antiseptic like a few drops of oil of cinnamon in a glass of water, and then the teeth thoroughly brushed. It should be a medical as well as a religious duty to brush the teeth or plates well after each meal.

The ladies are our most frequent patients, and it is they who are most sensitive to such things, and it is to them that we must look for the expansion of our clientele. It is not the greatest therapeutists, nor yet the most skillful surgeons, who make the greatest successes. It is the little things that are the biggest factors in carving out success, and a clean mouth is by no means the least of these little things. Keep the mouth clean.—*Med. Summary.*

PHOTOTHERAPY.

Dr. Frank Hugh Montgomery read a paper on this subject before a recent meeting of the Chicago Medical Society. Carefully tabulated reports of 800 cases of lupus vulgaris treated at the Finsen Light institute in Copenhagen show the light to have been of benefit in all but two or three per cent. About 70 per cent. are reported as cured, though in about 20 per cent. the diseases returned after varying intervals. Recurrences were due chiefly to reinfection of skin from mucous membranes, which, in most situations, are not accessible to the light treatment.

Recent improvements in the original apparatus have increased the power and efficacy of the light about fourfold, the number of treatments required for a given class of cases being about one-fourth the number formerly required. A smaller lamp has been designed by Professor Finsen and Dr. Reyer for the treatment of a single patient at a time, and is equally effective with the larger apparatus. The principle is the same; requiring exposure of an hour each to a single area, and the constant attention of a trained assistant. Many other lamps have been designed to render the treatment more rapid and less expensive. Some of these lamps do excellent work, on superficial lesions, but none has the penetrating power of the original Finsen apparatus, in which a larger volume of light is condensed and applied to a small area. Lamps with iron electrodes give a light, rich in ultra-violet rays, which have remarkable bactericidal powers, but which do not penetrate below the epidermis.

The influence of the light is due to a stimulation of cells rather than to the direct effect on bacteria. The histologic changes are practically those of simple inflammation, which is never severe enough to destroy normal connective tissue. Phototherapy is the treatment to be chosen before all others in the treatment of all tubercular lesions of the face, because it is effective, is without danger, and gives the best possible cosmetic results. It is effective, also, in some cases of lupus erythematosus, alopecia areata, rosacea, vascular nevi, superficial epitheliomata, and indolent ulcers. The red light (exclusive of actinic rays) treatment of smallpox has, in a considerable number of cases, apparently prevented suppuration, secondary fever, and pitting, and shortened the course of the disease. To be effective, the actinic rays must be absolutely and continuously excluded, the photographer's sensitized plates hung in the room with the patient should, at the end of the treatment, show no influence of white light.—*Medical News*.

TURPENTINE.—*Dr. J. D. Palmer in Merck's Archives.*

The writer calls attention to this old remedy which time has relegated to a comparative obscurity, from which it should be rescued even to the detriment of later and more fashionable drugs. Turpentine is a vital stimulant and at the same time a nervous sedative. Its external application causes reddening of the surface and sometimes vesication. It is a cathartic or diuretic according to its stimulating action on the intestinal canal or on the urinary organs. It is especially valuable as a ca-

thartie when combined with castor oil. Its diuretic properties are rarely brought into requisition when other and less irritating remedies are available. It has marked anthelmintic properties, and has been effectual in removing tapeworms. Frequent small doses are often successful where a single large dose fails to destroy the worm. It is a valuable styptic and hemostatic, and its local application in the rectum frequently arrests persistent hemorrhage from piles. Turpentine is largely employed in the treatment of nervous diseases, adynamic fevers, and painful affections. Watson used it extensively in apoplexy. Dr. Copland recommended it in chorea. In hysteria it is useful in many ways, arresting the severe paroxysms.

In adynamic fevers turpentine, while exercising no direct curative action, meets certain indications. The abdominal tenderness and pain in typhoid fever are relieved by external applications, which may be further enforced by enemas. In the painful affections, such as sciatica and neuralgia, it has been employed with success by physicians for more than eighteen centuries. In chronic rheumatism and lumbago it has been largely employed as an external application. Its stimulating and diaphoretic properties appear to exert a favorable influence upon these disorders, especially when the subjects are old and debilitated.

It is valuable in internal inflammations, especially the bronchitis of typhoid fever. Externally it is useful in inflammation of the abdominal and thoracic organs.

Turpentine has marked antiseptic powers, as is shown by the speedy amelioration of the symptoms of bronchial abscess and gangrene of the lung. It is usefully employed in these affections by inhalation, the turpentine being poured upon boiling water and the patient directed to inhale the vapor every second hour for fifteen minutes at a time.—*Medicine.*

CAUSES OF COUGH IN CHILDREN.

Cough is often a persistent symptom in children where it is apparently not dependent upon any abnormal physical signs in the chest, and the usual expectorants are exhibited in vain. There is often vomiting in these cases, and sometimes the weakness becomes extreme. Neither the lungs nor the bronchi are at fault. Those cases where the cough is accompanied by a spasm and a consequent "whoop" are put down as pertussis, and may be treated as such for months. In a large majority of these cases it is the back of the throat, the tonsils, and the

fauces that give rise to the symptom. A slight degree of pharyngitis, or tonsillitis, or adenoid growths in the nasopharynx may produce cough in a child. Cough having its origin in adenoids has been recognized, but it has not received the attention in the text-books that its importance deserves. Of 621 consecutive cases of cough which the writer has seen during the past two years, 371 were suffering from tonsillitis, pharyngitis, or chronic enlargement of the tonsils, or from soft nasal adenoid growths, in greater or less degree. In most of the patients the cough disappeared when the throat was put in satisfactory condition. This proportion is probably too high in places outside of London, and it is probably not applicable to the healthier parts of that city. Among the poor children living in the more crowded quarters of London, inflammatory conditions of the pharynx, tonsils, and adenoids prevail to an enormous extent. There is a marked difference in the proportion of the cases occurring in Liverpool and those of London. The larger proportion in the latter city is to be attributed to its heavy, foggy atmosphere, which contains so much organic matter.—*London Lancet*.

TREATMENT OF EXOPHTHALMIC GOITRE.

In 1894, Lantz treated two exophthalmic-goitre patients with milk from thyroidectomized goats. The results were so favorable that the treatment was applied to four other patients, all of whom, as a consequence, showed marked improvement and gain in weight.

In 1894, Drs. Ballet and Enriquez took the blood of thyroidectomized dogs that had lived long enough to experience the blood-changes which loss of thyroid function is sure to entail, and injected that blood into patients suffering from exophthalmic goitre. The results were so encouraging that other practitioners soon adopted the method, or a modification of it. The *Deutsche Medicinische Wochenschrift*, No. 38, 1899, contained a report of three cases of exophthalmic goitre, in the practice of Dr. Burghart, that improved under the treatment, two of them decidedly. Dr. Burghart did not confine himself to the use of injections, but administered a dried alcoholic extract of the blood.

Later, a Darmstadt chemical house prepared a serum from the blood of thyroidectomized sheep, which, administered to patients who had exophthalmic goitre, produced a good effect; it was given both per os and subcutaneously.

A patient of Schultes (*Munch. Med. Woch.*, No. 20, 1902), in whom the symptoms of exophthalmic goitre had been in evidence for four years, with pronounced psychic disturbance at times, is said to have been completely cured in two months by the use of gradually increasing doses of the serum (from the blood of thyroidectomized sheep).

In 1901, Mobius (*Munch. Med. Woch.*, Jan. 27, 1903), proposed the preparation of a serum from the blood of sheep, from which the thyroid gland had been removed, to be used in the treatment of exophthalmic goitre. He first injected one gramme of serum subcutaneously, but subsequently found that better results could be obtained by giving it internally. In his patients, all of whom had been treated four years with various remedies, the circumference of the neck was reduced, the goitre became smaller, and the patients slept better and were less agitated. It is not presumed that a cure can be established by this mode of treatment, but there seems to be sufficient ground to hope for beneficial results.

Messrs. Parke, Davis & Co. have prepared a dried product of the blood of thyroidectomized animals, called "Thyreoidectin," which appears to produce the effects observed by Lantz, Mobius *et al.* In most of the cases in which it was tested the patients experienced much relief from restlessness, tremor, insomnia, and the usual train of nervous symptoms so generally observed. A gradual reduction of the pulse-rate and in the size of the gland was also noted.

TOBACCO DEAFNESS.—Wyatt Wingrave reports seventeen cases of deafness which he considers to have been due to excessive tobacco smoking. He emphasizes the following points:

1. That they were all well-marked cases of nerve deafness occurring in heavy smokers.

2. That the loss of low tones in 50 per cent. suggests an auditory equivalent for a recognized ocular lesion.

3. That there was definite scotoma in four cases and impaired sensation of vision in eight of them.

4. That the disease was symmetrical.

5. That 80 per cent. showed marked improvement on abstinence from tobacco, and this abstinence being supplemented by drug treatment, three were cured. But the habit was so strong and the will so weak that the forecast was not always encouraging.—*Med. Press and Circular.*

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VALE OSLER.

During the past month the newspaper press has teemed with various comments on the farewell address delivered by Professor Osler, at Baltimore. If reported correctly, he is presumed to have said in substance—

"That nothing in the world is accomplished by a man more than forty years old, and that men of sixty should be retired or chloroformed, and that American medical colleges are teaching hybrid systems of medicine and producing ignorant practitioners, and that Europe is far ahead of the United States in medical universities."

Later revised reports quote the following: "First, the comparative uselessness of men above forty * * * the effective vitalizing work of the world is done between the ages of twenty-five and forty."

What Dr. Osler probably meant was that if a man did not lay a successful foundation for his life's work before forty, in all probability he would not later produce any marked achievements.

The second proposition, that men of sixty should be chloroformed, was undoubtedly meant as a joke, probably based on Anthony Trollope's novel, "A Fixed Period."

But it is the latter portion of the speech to which we wish to call particular attention. Dr. Osler is a Canadian by birth and an American only by adoption. Called to a professorship in the Johns Hopkins University, he has always endeavored to give a halo of superiority to medical teaching in that institution.

It seems in poor taste now that he has been called to Oxford, England, that he should decry American medical teaching, and by that he means the teaching in *regular* medical colleges, as he manifestly knows nothing of Eclecticism or Homeopathy.

He has frequently stated publicly that the mortality of pneumonia is on the increase, and that medical science—as he understands it—can not cope with the disease.

This is a sad commentary on regular medicine, on such a learned professor, on an eminent institution which neither knows nor teaches *materia medica*.

The last comment in his speech must also not be overlooked—that “European medical universities are ahead of American.” This may be in keeping with the narrow ideas of a Canadian who has been called to teach in England, but it is not American, nor is it, as concerns the practice of medicine, fact. Outside of laboratory research work, the Continent is not the superior, if even the equal, of America in either medicine or surgery. Greater strides in medicine and surgery have been made in America in the last fifty years than in Europe; and by this we mean American medicine in general. We are satisfied to have Oxford take the eminent Osler and we trust in turn the university across the water will be equally satisfied.—SCUDDER.

DRUG HABIT.

Not long since I had occasion to visit a neighboring city, and having a little spare time at my disposal, called at the office of a once prominent physician of that city. A few years ago he was said to have the best practice of any physician in the town. To-day his business is made up of white trash and negroes. I found him sitting listlessly in an arm-chair. As I entered his office he slowly raised his eyes and gazed at me in a dazed and vacant manner without arising to greet me. There was a lack of expression in his face and scarcely a look of recognition. I approached him, holding out my hand, which he took in a lifeless way. I sat for a brief period, then, bidding him good day, I retired. But the dull eye, the vacant stare, the listless air, the evident dullness of intellect and lack of interest in things around him oppressed me. I was glad to get out into the open air, into God's sunshine where surroundings were bright and cheerful, and my heart was heavy with a feeling of sadness. I said to a friend whom I met, “What ails Dr. ———?” The answer was, “Drug habit.” It seems he had concocted a catarrh remedy, and, using it upon himself, had created a hell from which there is little chance that he will ever escape.

Some years ago I knew a man—a lecturer in a medical college—who, being a subject of nasal catarrh, carried a spraying apparatus in his pocket, and would spray his nostrils several

times during a lecture. The poor devil finally "traveled" for his health, but his wanderings never took him outside the bounds of Hades into which he had descended.

I have in mind another physician who traveled the same road, and after separating from his family and home, spent several months in an insane asylum. He finally ended his miserable life by suicide.

Only a short time ago a woman came to me for treatment. She was a wreck physically, mentally and morally. She said that her husband had, about two years before, secured a prescription from a physician for catarrh. This "snuff" contained, among other ingredients, some morphine and cocaine. Unknown to her husband, she began to use it, ending by swallowing the stuff. She had not the will to resist the temptation to continue taking it, and I could do her no good. There are many cases of the kind to be met with in practice, and they constitute a class of miseries. These I have mentioned serve only as a text.

I never could understand why any physician, knowing the fatal effects of narcotics carried to habit, would be unwise enough to dally with them; bold enough to challenge the devil incarnate in them. It were better a thousand times to bear the discomforts of life, the horrors of pain, than to avail one's self of a means of relief which at best can last but a very brief spell, and which urges to a repetition of the drug with a vehemence few are able to resist when once they have begun. And for a physician to carelessly lead others into a condition such as is induced by a drug habit, is a thousand times worse than to use them himself, for when the infernal fangs of habit fasten themselves on one there is little hope of ever loosing them. This does not mean that narcotics have no place in medicine, for they have, and that a prominent one. But the greatest of caution should be observed in their administration, that their use be not abused.

The doctor, above all men, needs a clear head in his business, and the man who is a user of drugs often has no head at all. There may have been a time when people "would rather have Dr. Soakem drunk than the other fellow sober," but that time is past, and the actions of men and their habits are more closely scrutinized. If the doctor, then, knowing the baleful effects of narcotic drugs, ought to be guarded in his own use of them, how much more is his responsibility to those who trust their lives in his care? How guilty he becomes by a carelessness which leads another into a habit that embitters life, entails suf-

fering and gives but an existence of misery, may be seen every day in the human wrecks that one meets.

Physicians who write prescriptions and the patients who receive them ought to be protected by the druggist who should refuse to refill a prescription, especially one containing a narcotic, and, if necessary, laws should be enacted and enforced that will compel him to do so.

I believe few Eclectics are guilty of inducing a drug habit in their patients, because they dispense their own remedies, thereby placing themselves in a position to take away the agent when it has served its remedial function.

For himself the physician should always keep in mind the motto, "Touch not, taste not," and for his patients another, "Do not unto another that which thou wouldst that another do not unto thee."

Use narcotics when necessary, but do not abuse them.—STEPHENS.

CHIONANTHUS.

The part of the plant used is the bark of the root of *chionanthus virginicus*. The plant is indigenous to the United States, being found abundantly from Pennsylvania to Georgia and Tennessee. It is commonly known as fringe-tree, old man's beard, snowdrop-tree, white ash, poison ash. We use the specific medicine *chionanthus*.

The action of *chionanthus* is exerted upon the abdominal glandular organs. Its cholagogue action is marked, and this action upon the liver can be truly said to be specific. It has also some tonic properties, as it improves the appetite, and promotes digestion. These latter properties may be due to its bitter principles.

In looking over the literature of this drug, we are struck with the dearth of knowledge of its curative properties outside of Eclectic sources. We find some Homeopathic references to it, but none in Allopathic literature. With a remedy so positive and sure in action upon a particular organ it is somewhat surprising it is not more generally used. When indicated, we know of but few remedies so sure to afford relief. Its range of usefulness is not so varied as some drugs, but its action is positive. Its indications are: a dirty, sallow skin, hepatic tenderness, with or without pain in the right hypocondrium, hepatic colic, jaundice.

We have found the remedy a specific in functional derange-

ments of the liver, and also occasionally in structural lesions. One thing we are positive of, no remedy is capable of doing more. In acute congestion, with a catarrh of the biliary ducts, or in acute duodenitis, characterized with pain in the epigastrium, vomiting and constipation, or clay-colored stools, dark-colored urine and jaundice, in alternation with sodium phosphate for the constipation, it is the only remedy needed. This is true whether the disease be sporadic or epidemic.

In the jaundice of children or in the jaundice occasionally met with in pregnancy, it is the only remedy needed. In chronic diseases of the liver, accompanied with hypertrophy of the organ, we find it equally as effective. Dyspeptic conditions, when the patients complain of pains and weight on the right side; when they have a sallow, muddy complexion, the eyes a yellowish tinge and the tongue broad, with a thick yellow fur, we find in chionanthus the remedy that will remove the existing conditions. In a recent and similar case, after a few weeks' treatment, the patient vouchsafed the remark, "she did not know any more that she had a liver." In all of the conditions mentioned, we find it a safe, certain and prompt agent, the most certain we possess for liver affections.

Dose, ten drops every two or three hours.—MUNDY.

TOBACCO.

The generally accepted explanation of the action of tobacco on the system of a smoker, is that of a narcotic in which the alkaloid nicotine alone is presumed to play the part of the narcotic agent. The facts are that as yet no assay has been made that will give the structural formation of fresh tobacco smoke in which nicotine is but one constituent, and, in some cases, at least, a harmful one. The influence of chemical re-agents and of time and moisture, tends to immediately create new products, and to destroy old ones, as the tobacco leaf disappears under the destructive influence of fire. The re-arrangements of the ultimates that follow, allow only such stable substances as nicotine, ammonia, and pyridene compounds, to remain unaltered or be finally caught.

Probably the recorded results of our chemical manipulation are afar from the intricate structural association of products and educts that in fresh tobacco smoke touches the tongue of the smoker. Let us study one of the possibilities. One influence of the creeping coal of fire that covers the tip of the lighted cigar, is to liberate, or rather, *make* ammonia. This is a very

conspicuous bi-product and produced in large amount. Under the influence of the approaching heat, as the coal creeps inward, the ammonia decomposes the complex alkaloidal structure of the charring tobacco, one of the products being liberated nicotine, which, with the ammonia and other volatile products, passes onward with the smoke.

Let us pass the other products of decomposition, as laid down in our books and which are at the command of whoever studies the tobacco subject, adding that there is abundant room for further investigation. Our intent is not to consider the subject as a whole, but with this brief introduction to call attention to a problem in tobacco smoke that is generally overlooked, and that problem is, the presence and effect of "laughing gas," or N_2O . It is formulated as follows: Potassium nitrate (which always exists in tobacco) and ammonia gas (which is always liberated by the approach coal of fire), forms potassium hydrate, oxide and carbonate, which constitutes most of the ash, and *ammonium nitrate*. The ammonium nitrate in turn being at once decomposed by the heat, we anticipate, produces the vapor of water and laughing gas or *nitrous oxide*, according to the equation— $NH_4NO_3 = N_2O + 2H_2O$.

Thus the smoker of tobacco may derive a quieting influence from tobacco smoke that could not come from nicotine alone, and that is certainly not to be obtained from nicotine pure, in either vapor or substance. Whoever thinks differently may experiment to his satisfaction with pure nicotine vapor, and if he takes issue with us, will experiment to his distress and disappointment. Nicotine is not tobacco, nor yet tobacco smoke. The tobacco smoker gets the associated touch of a complicated structure in which, among other substances, are to be found nicotine, pyridene, and probably, among the other substances (if the combustion be slow and steady), "laughing gas." An artful smoker comprehends that the *quieting* effect of a cigar depends much on the rapidity of the combustion. Nicotine is very stable, and is always produced, regardless of rate of combustion, but N_2O being very unstable, is formed less abundantly if the NH_4NO_3 be rapidly heated to above a certain temperature. This fact is of chemical record.

It can be seen that there may be a science in the art of tobacco smoking. It is the science of a self-knowing empiricism, a self-evident fact, whereby the rapidity with which the tobacco is burned results in more or less destruction of the "laughing gas," and the consequent loss of this quieting agent, which has

not been thoroughly, if at all, investigated in connection with nicotine and the products of tobacco burning. The strongest tobacco, so far as nicotine is concerned, is not preferred by smokers; nor should it be, if nicotine is not of the importance authority has accepted it to be.—LLOYD.

DIAGNOSIS OF RECTAL TROUBLES.

Among the most unsatisfactory procedures in the writer's early surgical experience was each attempt to utilize a rectal speculum.

A considerable assortment of rectal specula accumulated on my shelves from time to time. In appearance all of them gave promise of usefulness, but when put to the test none of them fulfilled my expectations. My own objections to them were strengthened by the emphatic disapproval of all my patients who had once been a victim to them.

The rectum, especially when morbid, becomes inconveniently sensitive. The sphincters take on unusual irritability, and resist introduction of any kind of speculum. With some persistence and steady pressure, entrance is at length effected. The view afforded is limited and rapidly grows less. Such fenestra as may have been provided for exposing the rectal wall immediately fill up by the hypertrophied tissues which spread out on each side, so locking the blades as to prevent moving or rotating the instrument.

The discomfort of the patient increases every minute and you soon feel obliged to yield to his demand to "take it out." The pulling and bruising in the withdrawal involves so much pain that by this time the patience of both patient and operator has reached its limit.

The necessity for inspection is still apparent. For external piles, for anal fissure or fistula, and for ulceration of the anal margin, inspection is free and unhindered; but internal piles, polypi and adenoid growths, may exist, causing pain, itching, a feeling of weight and tenesmus, which have a tendency to grow worse, and may culminate in prolapsus of the rectum. Such a condition is readily relieved in the early stages, but the diagnosis is not at all sure to be made by touch. The index finger, when introduced, smoothes out the inequalities of the rectal wall and little is learned, especially if they are collapsed or not greatly distended with blood at the time.

This condition is best met by placing the patient in the knee-

chest position, when, on opening the anus, the intruding air balloons the rectum. Then with an obturator, and light reflected from a head mirror, a good view of the rectal walls can be obtained. The position is one not easily borne for any length of time, and is important mainly for diagnosis. Especially in case an anesthetic is necessary in the treatment, the position will have to be changed to Sims', or that for lithotomy.

CHURCH.

AMBIGUITY.

"The quality of being ambiguous, obscure or uncertain in meaning, especially where either one of two interpretations is possible."—*Standard Dictionary*.

"For want of defining terms, and especially for want of a clear understanding, almost all laws, that should be as plain as arithmetic and geometry, are as obscure as logogriphs. The melancholy proof of this is that nearly all processes are founded on the sense of the laws, always differently understood by the pleaders, the advocates and the judges."—*Voltaire*.

It appears to be an inherent trait of the supposedly only animal endowed with reasoning powers—man—to delight, either innocently or maliciously, to use terms or expressions that may be differently interpreted. Of course, each individual will place the construction that furthers his own interests or views. In our language many words, in fact, the majority, have several meanings, and many persons, under the impression that they are synonyms, use them in the wrong sense. Some people use ambiguous words simply for the purpose of covering their ignorance; others, because they assume the listener or reader will give them credit for an amount of knowledge they do not possess; while others will use them maliciously, hoping to confuse or mislead their auditors. Unfortunately, the latter is the weapon of the unscrupulous medical man, and equally unfortunately is it conceded by the laity as the "ear marks" of an exceptionally brilliant mind.

The use of obsolete words, "hog Latin," or technical terms in ordinary conversation, when a common word will equally as well convey the meaning, is simply the trade-mark of the egotist, too often lacking in brains or intelligence. As an example, the term "specific medication" is a term used by our school of medicine, and definitely understood by all who are honest enough to study or acknowledge the meaning of the term, to mean the use of a drug or set of drugs for a definite pathologi-

cal condition, or as usually termed "an indication for the remedy"; yet the impression usually given by those who should know better is that it means a remedy for a name. Unfortunately, the term is one that can be given a double meaning, and the average individual either has not the requisite amount of gray matter, or is too lazy to investigate; so derides the term and allows the asinine qualities of his character to become painfully apparent to those who are better informed.

There are many who honestly believe the term is used to indicate the remedy for the nosological definition, usually called the disease, and it is not unusual to hear a doctor, who should know better, ask another how he treats pneumonia, etc. The doctor usually gives an exhaustive lecture on the subject, and too often there will not be a single condition or indication described by which one could judge of the remedies required for the case. In the majority of cases the doctor loads his bottle with a nondescript array of drugs, hoping or trusting that some one or more will undertake an exploring expedition through the system of the victim until it reaches the proper destination, then get down to business and oust the demon of disease. This form of prescribing is too common, but it is an example of medical ambiguity. Hence it is self-evident that it is not only in the use of words, but also in the use of drugs, that a clear understanding is lacking.

FOLTZ.

ACONITE.

An energetic Western physician, Dr. J. A. Burnet, wrote several eminent Eclectics for a list of their best and favorite remedies. The list was published in the *Chicago Medical Times*, but gave very little light to the earnest seeker, as the remedies were named without suggestions of any kind in regard to their use. The remedies which appear to be the most popular, and in which the choice was practically unanimous, were aconite,gelsemium, podophyllum, belladonna, echinacea and macrotys. About one hundred remedies were mentioned by twenty-two physicians, but the six named above were the leaders. Such investigations as this are very proper and helpful, but would be much more practical if the correspondents had told us how to apply the medicines.

Aconite is an old standby in Eclectic practice. The remedy is indicated by the small and frequent pulse, it is a special sedative, and is to be given in all cases where the patient has a weak heart and capillary obstruction with or without pyrexia.

But aconite has a wider application than this, for it is of undoubted efficacy in the treatment of sporadic tonsillitis, in which affection it may be employed locally, well diluted, as a spray, and internally administered in the proportion of five drops of the specific medicine to four ounces water, teaspoonful of this mixture to be given every two hours. Aconite in small doses is a remedy for spasmodic and mucous croup, and those who have used the drug in this connection would not like to be without it. In laryngitis, bronchitis, pleurisy, pneumonia or any form of pulmonary trouble, aconite is a valuable remedy when we have the indications. Aconite when combined with ipecac is of signal benefit in gastro-intestinal irritation, especially in children; it is so frequently indicated and affords relief so quickly in this condition that it has been called "the child's remedy." To mention all the diseases in which aconite may be indicated would exhaust the nosology. In short, aconite is adapted to any disease or any phase of disease when we have the indications.

WATKINS.

THE FINELY GRANULAR OXYPHILE.

The phagocytic action of the finely granular oxyphile is becoming better known and appreciated as our methods of examination improve. This variety of white blood corpuscle protects the body against morbid elements which are constantly entering the circulation through the respiratory and alimentary tract, through the skin and other avenues. We have no exact knowledge of the amount of protection afforded us by these small bodies, but that the continuation of life, both of the human animal and those lower in the scale, is to a considerable extent due to the phagocytic action of these corpuscles, there can be no doubt. We find them in the blood apparently idling about, but in reality awaiting the coming of injurious particles, foreign bodies and extraneous matters, which they absorb, destroy and take in, thus protecting the tissues and fluids of the body. It is only when quantities of injurious substances, be they germs or other matters, come in overwhelming numbers, that the phagocytes fail, and even then they continue to fight and some are at last victorious.

In acute infectious diseases the finely granular oxyphile renders the body immune to any subsequent attack of the same infection, and their importance in this direction can hardly be overestimated, for the lives of many individuals are saved because not placed in jeopardy a second time. The leucocytes

are always on hand in traumatism and inflammation, and immediately begin repair, endeavoring to restrict the spread of inflammatory processes. When a foreign body is imbedded in the tissues the white blood corpuscles immediately begin to erect bulwarks around it and to encompass it about, and should the first line of fortifications be overcome by the morbid process, another and another is erected. When an inflammation results in suppuration, the pus is found to contain dead white blood corpuscles, many of these enclosing pus cocci, showing that the phagocyte has lost its life in defense of the body. The encapsulation of the tuberculous bacilli is the work of the phagocyte and is an effort to surround, isolate, and render harmless this malignant invader.

While the phagocytes are protectors and conservators of the body, they sometimes become disseminators of morbid material through the tissues, for as they rush into the neighborhood of pathogenic processes in order to restrict or counteract them, they may absorb the virus in fatal quantities, then wander to near or distant tissues and die, thus releasing enough infectious material to form a new focus.

WATKINS.

MEDICINES IN OBSTETRICS.

An obstetrical case should be looked upon largely in the light of an emergency; and the physician, on receiving a summons to a parturient patient, should have his affairs, office details, and minor matters, so arranged that he may respond with haste and readiness, entertaining no delays or tardiness. The necessary equipment should always be in shape to gather up and hasten on a moment's notice. Such preparation is a duty the physician owes to his patients, as well as to himself, and is in accord with the fitness of the modern practitioner.

What remedies shall be carried in the obstetrical bag? Not a great many, and still there are a few that should always be near at hand. These should be arranged in a small satchel or case, which should always be kept in good order, bottles well filled, etc. It should be designed exclusively and used only as an *obstetrical case*, and at no other time, and if kept and carried in the obstetrical (instrument) bag, it will be found a convenience and in all probability always ready.

Of the medicines, the first to be considered is chloroform. This will frequently be found useful in the second stage, especially in lingering, painful and tedious labors, as well

as in the event of the use of the forceps, or a primary perineorrhaphy. Besides, it is not at all unusual to hear the request for chloroform in an ordinary case, modern methods as it were prompting the lying-in woman to make the demand rather than suffer at all.

Next, and of probably almost equal importance, is ergot. So many inferior preparations are on the market, that care should be observed in securing the genuine article. There is none superior to *Lloyd's ergot*; that of Squibb is also reliable. This may be called for where there is need of an oxytocus, both to expedite delivery (never earlier than the second stage), and probably later to control hemorrhage.

Macrotys is another of the essential agents to be included; it is the remedy to increase the force and strength of the contractions, and will be found to be the partus accelerator par excellence; it will prove satisfactory also in relieving false pains, as well as rheumatic manifestations, that not infrequently prove annoying and complicate matters.

Lobelia is another important medicine that should not be overlooked; it will be found serviceable and reliable in case of slow and retarded dilatation, with the parts soft, doughy, full and thick. It should be given to the extent of slight nausea and relaxation, but always short of emesis.

Gelsemium completes the list of essentials, and is indicated in the difficult first stage, slow dilatation, os rigid, thin, inelastic, hot and dry. It is well to include in another vial Dover's powders of which a half-dozen 5-grain powders may be left to allay after pains. In addition quinine might also be carried, which is highly extolled by many in a protracted labor, where the difficulty is owing to want of uniformity in the pains, the irregularity affecting both the force and frequency of the contractions.

A tube of vaseline or sterilized soft soap should be provided, to be used on the examining fingers or hand. It will also be advisable to possess a neat soap box in which is carried a cake of asepsin soap. These several articles together with the case of medicines will carry very nicely in the bag with the forceps, as has been suggested; and in our judgment the obstetrician should carry the forceps to every case, or at least have them conveniently near, and thus avoid danger and save time in the event it becomes necessary to use them. WINTERMUTE.

THE NATIONAL.

The thirty-fifth annual meeting of the National Eclectic Medical Association will convene at Saratoga Springs, N. Y., Tuesday, June 20, 1905, at 10 A. M., and will continue three days.

It is not necessary to say anything about the place of meeting, as it is known the world over as the most beautiful and attractive summer resort in America. The accommodations are perfect and ample with reasonable expense.

But what shall we say of the meeting itself? First, let me say that we want every physician who has imbibed a particle of Eclecticism to attend this meeting. Let me ask in all kindness, what are you doing for the cause of Eclecticism? There are eight or nine thousand Eclectic physicians in the United States, and we do not register over five hundred on our roster of the National Association. Doctor, what has Eclecticism done for you? Do you believe that we have a better system of practice than have the other schools of medicine? If not, why are you claiming to be an Eclectic physician? If so, what are you doing to maintain our system? What are *you* doing to support our National? True, you can not always attend the meetings, but you *can* unite with the Association (if you are not already a member), and thereby lend your assistance both in intellect and means to support it. We all have to do with organizations near our homes that bring no immediate returns so far as money is concerned. Now, let us go a step further and lend our best efforts to maintain an organization that keeps up our very existence as a separate school of medicine. The prospects for a large and enthusiastic meeting have never been surpassed. All of the committees, department and section officers are laboring to make this the *best* meeting we have ever had.

Our plan is to have three departments and each department to be under the supervision of one of the vice-presidents. Each department to have three sections, properly officered, and each department to be opened with an address, and after the address the three sections of that department will convene at the same time, and endeavor to close at the same time, and then open another department in the same manner till all the departments shall have closed their work. We will issue a complete bulletin in the near future, giving full information regarding transportation, hotel accommodations and the full program. We believe that if each one of us will do our whole duty we will not only have the best meeting we have ever held, but will put Eclecti-

cism a step further up the hill of science. Write a paper for some of the sections whether you receive a special request or not, and bring it with you to the meeting, and also bring your wife and friends with you.

Sincerely and fraternally yours,

W. E. KINNETT, M. D., President,
Yorkville, Ill.

The thirty-first annual meeting of the Georgia Eclectic Medical Association will be held at Atlanta, April 4th and 5th. Dr. John H. Goss, of Decatur, is President, and Dr. George A. Doss, of Atlanta, is Secretary. A very elaborate program has been arranged, and a large and enthusiastic meeting is anticipated. For further particulars address the secretary.

MAY SOCIETY MEETINGS.

ARKANSAS—At Little Rock, May 10.

INDIANA—At Indianapolis, Claypool Hotel, May 23, 24.

ILLINOIS—At Peoria, May 17 and 18.

MICHIGAN—At Jackson, May 10 and 11. Headquarters at Hotel Blackman.

OHIO—At Columbus, May 2, 3 and 4. Headquarters at Great Southern Hotel.

TENNESSEE—At Nashville, May 23 and 24. Headquarters at Odd Fellows' Temple.

WEST VIRGINIA—At Clarksburg, May 17 and 18.

COMMENCEMENT EXERCISES.

The Sixtieth Annual Commencement Exercises of the Eclectic Medical Institute will be held at the Scottish Rite Cathedral, Wednesday evening, April 19th, at 8 o'clock. Prof. Thomas will make the Dean's report. Hon. Aaron McNeill will confer the degrees as President of the Board of Trustees, and Rev. Jesse Bowman Young will deliver the annual address. All the graduates and friends of the college are cordially invited to be present.

In the morning of the same day, from 8 to 12, there will be a surgical symposium at Seton Hospital, and operations will be performed on clinical cases before the graduating class and visiting physicians.

In the afternoon, at 2:30 o'clock, in the lower lecture room of the college, the Alumna Association will hold its annual meeting. Every effort has been made to make this meeting surpass any previous one in interest, and all E. M. I. graduates who can are earnestly requested to attend. Membership in the Association, including certificate and a copy of Prof. Felter's history of the college, is only \$1; afterwards 25 cents annual dues.

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IN perfecting their products from **Natural Wintergreen Oil** and in demonstrating their therapeutic value, the Merrell Company have won the confidence of the medical profession, and established the fact that **Natural Salicylates** should alone be employed for internal administration; and when **Sodium Salicylate, true**, is specified, it is clearly the desire of the physician that the Merrell product should be used. The only recommendation of other brands is that "they are cheaper in price," and it is such substitution which often convinces the physician that it is necessary for him to dispense his own medicines.

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As a tonic after **Grip**, **Ferro Salicylata** will do more toward restoring the strength of the patient than all other remedies combined; and for the depressed condition which so often attends convalescence after **Grip**, **Ferro Salicylata** is almost a specific.

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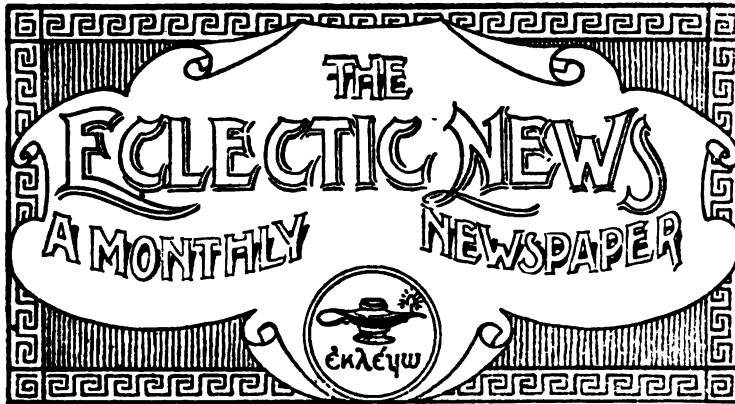
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VOL. X.

APRIL, 1905.

NO. 4.

BOOK NOTICES.

MANUAL OF OPERATIVE SURGERY. By John F. Binnie, C. M. With 559 illustrations, a number of which are printed in colors. Price \$3.00 net. P. Blakiston's Son & Co., Philadelphia.

This work of 644 pages deals with operative measures to the almost complete exclusion of theoretical matters. The descriptions are brief but clear, and for the purpose of quickly looking up any method, is all one could wish. The illustrations are fine, and aid in elucidating the text. The author's style is exceptionally pleasing, and shows an intimacy with his subject that can not fail to attract the reader. As a manual of surgery, the book is all that any one could wish, and for both the specialist and general practitioner the work will prove a valuable addition. The binding being limp leather makes an attractive volume, and the press-work is exceedingly good. K. O. F.

A HANDY REFERENCE BOOK, giving briefly the specific indications for remedies, paying particular attention to each organ of the body distinctively. By Joseph S. Niederkorn, M. D., Versailles, Ohio. Price, \$1.25.

In this little work will be found the prominent indications for remedies, dosage, etc., so arranged as to make the book what its title indicates, a handy reference. The indications are concisely given, and for this reason one does not have to read a lot of material to find what is needed. The divisions will be found useful, as this also is a time saver.

The author is certainly to be congratulated on having succeeded so well in his work. The doctor is too well known to need an introduction, for his writings have appeared in the medical journals for a number of years.

The book is handsomely gotten up, and being bound in flexible

leather, with rounded corners and gilt edges, can easily be carried in the pocket for convenient reference.

K. O. F.

BLAKISTON'S QUIZ COMPENDS. A Compend of the Diseases of the Eye and Refraction. Including Treatment and Surgery. By Geo. M. Gould, M. D., and Walter L. Pyle, M. D. Third edition, revised and corrected. 109 illustrations, several of which are in colors. Price \$1.00 net. P. Blakiston's Son & Co., Philadelphia.

This little work covers the ground very thoroughly, and for a compend of this character is all that could be expected. The difficulty encountered in these works is that usually only a superficial summary is possible, and although they aid the student in his quiz and examination, too frequently when in actual practice the desired information is lacking. In this work the essentials are well covered, and as a ready reference for the usual diseases, it will be found convenient. K. O. F.

DISEASES OF THE LUNGS, BRONCHI AND PLEURA. By H. W. Paige, M. D. 165 pages, cloth, \$1.00. Philadelphia: Boericke & Tafel.

The author of this little book has taken up all the diseases common to the lungs, bronchi and pleura, and given in clear, concise language the etiology, pathology, physical signs and general methods of diagnosis of them, together with the homeopathic treatment of the same. The writer is very clear on all points he discusses, using no unnecessary language, and gives much information that is necessary for a proper understanding of these diseases. Any practitioner of medicine will be benefited by a close study of the contents of this book.

J. E. S.

THE MNEMONIC SIMILIAD. By Stacy Jones, M. D. 347 pages, cloth, \$1.00. Philadelphia: Boericke & Tafel.

This little book is certainly unique in its method of teaching the uses of drugs. The idea of the author in "the *personation of remedies*" and "*versification*" is certainly well carried out, and while the memorizing of doggerel is not always easy, at least to some, it probably will aid at times in recalling a remedy. However, these systems are usually so cumbersome that while one is endeavoring to recall the indications for lobelia, the fact that "the loafer has a *tender stomach*, the loafer, McPho, the tinner, and Job Shauk, the black barber, live on Sang," may or may not be an aid. The originality of the work is unquestioned.

K. O. F.

Young housewives and girls that are training for the responsibilities of a household will find much that is useful in the little papers contributed to *The Delineator* by Isabel Gordon Curtis, under the title, "The Making of a Housewife." In the April number the topic is "Planning a Week's Work, and Wash-Day." The author suggests an economical distribution of time and labor that will recommend

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This deleterious product of the distillation of wood is not and never has been used in our laboratory. Physicians aware of the established excellence of our liquids, alkaloids, and concentrations can in all confidence assure their friends that no wood alcohol whatever, under any name whatever, is employed in any part of their manipulation. We use purified grain alcohol only in the making of resins, resinoids, alkaloids, oils, and all spirituous products. Not one drop of wood alcohol has ever entered any one of our liquids, nor is it used in our laboratory in any direction whatever. Physicians desiring to commend our preparations to their professional friends can do so with the utmost assurance that none of the poisonous qualities inherent in Wood Alcohol or any adhering products connected with wood alcohol will disturb their patients.

We know of no reflection having ever been cast in our direction concerning this despicable Wood Alcohol subject, and realize that our patrons fully appreciate our care in their behalf; but, owing to the reflections cast broadly by exceptionally accurate authorities concerning the use of Wood Alcohol elsewhere, both in beverages and in medicines, we propose to announce emphatically that our patrons have nothing to fear in this direction.

Respectfully.

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USES, by DR. T. J. DANIEL, MAGAZINE, ARKANSAS.

Echafolta Cream is indicated in all cases needing an antiseptic dressing, especially old sores, bed sores, chronic ulcers, old tibial ulcers, chapped hands, carbuncles, boils, scrofulous and syphilitic nodules, some forms of erysipelas, snake bite, stings of insects, cracked nipples, caked breast, hemorrhoids, etc. In these conditions, Echafolta Cream should be used freely, locally, and Echafolta always given internally. For caked breast, add a few drops of Specific Medicine Phytolacca to the Cream, and cover the affected part thoroughly. For hemorrhoids, add a few drops of Specific Medicine Hammamelis, and apply. For snake bites, cover with the Cream, and give from 5 to 30 drops of Echafolta, at first every fifteen minutes, and finally, as the patient improves, every one, two or three hours. For carbuncle, keep the place covered with the Cream, and give 15 drops of Echafolta every two or three hours. For sore eyes, anoint the lids on retiring at night. No ointment is superior to Echafolta Cream. In all cases that demand its use, Echafolta given internally is indicated and desirable.

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Manufacturers,
Cincinnati, Ohio.

itself to all who read her remarks. Other features of domestic interest in the same number are, illustrated cookery for Easter entertainment and a number of recipes under the topics, "Delicious Hot Breakfast Cakes," "Lenten Soups," "Cheese as a Nutritive Article of Diet," and "Savory Varieties of the Homely Bread Pudding," besides a practical article on "Cleaning and Renovating Garments."

COLLEGE AND SOCIETY NOTICES.

National Eclectic Medical Association.

The following Committees have been appointed for the work of the National Eclectic Medical Association for the coming year. Extensive arrangements have been made for the session at Saratoga on the third Tuesday in June (20th), and the State of New York promises to duplicate the Atlantic City meeting in every particular, if it does not exceed it. If all the eastern States will co operate with New York, we shall have indeed a great meeting. The central, western and southern States will do their part fully, as they usually do.

Committee of Arrangements.

Chairman, E. H. King, Saratoga Springs, New York ; W. J. Kraus, New York ; P. E. Howe, Boston ; G. A. Rowe, Buffalo ; G. W. Thompson, New York ; H. S. Blackfan, Cambridge, N. Y. ; I. J. Whitney, Unadilla, N. Y.

Committee on Press.—Chairman, G. W. Boskowitz, New York.

Committee on Registration.—Chairman, J. P. Harbert, Bellefontaine, Ohio.

Committee on Credentials.—Chairman, R. L. Thomas, Cincinnati.

Auditing Committee.—Chairman, B. K. Jones, Kenton, O.

Committee on Resolutions.—Chairman, John Perrins, Boston.

Committee on Grievances.—Chairman, E. G. Sharp, Guthrie, Okla.

Committee on Medical Colleges.—Chairman, H. H. Helbing, St. Louis, Mo.

Special Legislative Committee.—Chairman, G. W. Boskowitz, New York ; J. K. Scudder, Cincinnati ; C. G. Winter, Indianapolis, Ind. ; N. A. Graves, Chicago ; G. W. Johnson, San Antonio, Texas.

Committee on Necrology.—Chairman, N. A. Herring, Benton Harbor, Mich.

Committee on Congress of Tuberculosis.—Chairman, T. Willis Miles, Denver, Col.

Committee on Medical Legislation.—Chairman, Arthur M. Tiel, Mateawan, N. Y.

Committee on Organization and Status.—Chairman, Finley Ellingwood, Chicago. Composed of the Secretaries of State Societies.

Forty-First Annual Meeting of the Ohio State Eclectic Medical Association.

The meeting will be held on May 2, 3 and 4, 1905, at the Great Southern Hotel, Columbus, O. A copy of the program will be mailed to each member of the Association, and also to every Eclectic in the State. Any one desiring a copy of the program can secure one by writing to J. J. Sutter, Bluffton, O., Corresponding Secretary. From all the present indications we shall have the largest meeting the Association has ever held. Doctor, you can not afford to miss it. Come and meet with us.

We are endeavoring to have the other associations of the State meet on the day preceding the State meeting. Information concerning the hotel rates, railroad rates, and the annual banquet will be found in the program. We have always had large and successful meetings at Columbus, and hope to make this the best we have ever held.

CHAS. GREGORY SMITH, M. D., President.

J. J. SUTTER, M. D., Bluffton, O., Cor. Secretary.

Pennsylvania Association.

The 32d annual meeting of the Pennsylvania Eclectic Medical Association will be held in the Capitol at Harrisburg, May 25 and 26, 1905. Hotel headquarters at the Bolton House. Rates \$2.50 per day. The Committee on Arrangements expect to secure excursion rates over all railroads. The program, which will soon be completed, will be mailed to each member of the Association in a short time. Those who are not members desiring one should drop me a card, and I will gladly mail you one. Each section is full, and the prospects are for a good meeting. We had a large turn out last year, but we want double the number there this year. Come, every Eclectic of the State; we want you and we need you. What a grand meeting we would have if every Eclectic of the State would attend. We ought to have it, and we can if every Eclectic would be true to his colors. Make up your mind now to go, and you will never be sorry for the two days vacation spent at the Capital for Eclecticism.

NANNIE MAY SLOAN, M. D., Rec. Secretary, Latrobe, Pa.

Kentucky Society.

The next annual meeting of the Kentucky Eclectic Medical Society will be held in Louisville in the School Board Rooms on Walnut street, between 5th and 6th, May 10 and 11. This is the time of the Kentucky Derby, so that reduced rates can be secured on all railroads without the use of the certificate plan. This coming meeting should be the largest and best we have ever had. While we have not a great number of Eclectics in the aggregate, and our State is large and the distances are great, still we think that our men should make a great effort to attend this annual meeting, not only for the information they



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will receive, but in order that each may do his part towards advancing our general cause. There are many Eclectics in the northern part of the State who should be with us. We shall have outside representatives from Cincinnati and Chicago. An interesting meeting is anticipated. W. R. RUBLE, M. D., President, Smith's Grove, Ky.

Central Ohio Society.

The next quarterly meeting of the Central Ohio Eclectic Medical Society will be held at the Great Southern Hotel in Columbus, May 1st, a day preceding the annual meeting of the State Society. A large attendance is anticipated. G. J. KENT, M. D., Sec'y, Casttown, O.

STATE ECLECTIC MEDICAL SOCIETIES.

NATIONAL—President, W. E. Kinnett, M. D., Yorkville, Ill.; Corresponding Secretary, H. H. Helbing, M. D., St. Louis, Mo. Next meeting at Saratoga Springs, N. Y., June, 1905.

ARKANSAS—President, W. S. May, M. D., Gurdon; Secretary, Jas. L. Vail, M. D., Little Rock. Next meeting May 10, at Little Rock.

CALIFORNIA—President, W. A. Harvey, M. D., San Francisco; Cor. Secretary, W. B. Bolton, San Pedro.

GEORGIA—Pres., John H. Goss, M. D., Decatur; Sec'y, G. A. Doss, M. D., Atlanta. Next meeting at Atlanta, April 3-4, 1905.

ILLINOIS—President, J. D. Robertson, M. D., Chicago; Sec'y, W. E. Kinnett, Yorkville. Next meeting at Peoria, May 17 & 18, 1905.

INDIANA—Pres., Q. Robt. Hauss, Sellersburg; Cor. Sec'y, F. L. Hosman, M. D., 2212 Martindale ave., Indianapolis. Next meeting at Indianapolis, May 23 & 24, 1905.

IOWA—Pres., L. E. Eslick, M. D., Rockwell City; Cor. Sec'y, J. B. Horner, M. D., Lamorie. Next meeting at Des Moines, May 17 and 18, 1905.

KANSAS—Pres., J. T. Blank, M. D., Elk City; Sec'y, E. B. Packer, M. D., Osage City. Next meeting at Topeka, May, 1905.

KENTUCKY—Pres., W. R. Ruble, M. D., Smith's Grove; Sec'y, Lee Strouse, M. D., Covington. Next meeting at Louisville, May 10 and 11, 1905.

MASSACHUSETTS—Pres., Lydia Ross, M. D.; Sec'y, Asa L. Pattee, M. D., Falmouth. Next meeting in Boston, June 1-2, 1905.

MISSOURI—Pres., D. S. Talbot, M. D., Appleton; Cor. Sec'y, Geo. E. Kranf, M. D., St. Louis. Next meeting at Excelsior Springs, June, 1905.

MICHIGAN—Pres., W. H. Snyder, M. D., Hastings; Sec'y, F. B. Crowell, M. D., Lawrence. Next meeting at Jackson, May 10 and 11, 1905.

NEBRASKA—Pres., D. L. Palmer, M. D., Holdredge; Sec'y, W. N. Ramey, M. D., Lincoln. Next meeting at Lincoln, May, 1905.

NEW ENGLAND—Pres., Algernon Fassett, M. D.; Sec'y, Selvina A. Abbott, M. D., Taunton, Mass. Next meeting at State House, Montpelier, Vt., June, 1905.

- NEW YORK**—Pres., W. J. Krausi, M. D., New York; Sec'y, Geo. W. Boskowitz, M. D., New York. Next meeting at Albany, 1906.
- OHIO**—Pres., Charles Gregory Smith, M. D., Cincinnati; Cor. Sec'y, John J. Sutter, M. D., Bluffton. Next meeting at Columbus, May 2-3-4, 1905.
- OKLAHOMA**—Pres., W. T. Ray, M. D., Kelly; Secretary, E. G. Sharp, M. D., Guthrie. Next meeting at Guthrie, May 10, 1905.
- PENNSYLVANIA**—Pres., Frank Livingston, M. D., Johnstown; Cor. Sec'y, E. H. Moore, Pittsburg. Next meeting at Harrisburg, May 25, 26.
- SOUTH DAKOTA**—Pres., J. C. Greenfield, M. D., Avon; Sec'y, W. E. Daniels, M. D., Madison. Next meeting at Yankton, May 16.
- TENNESSEE**—Pres., Thos. E. Halbert, Nashville; Cor. Sec'y, A. L. Daniel, M. D., Lohleville. Next meeting at Nashville, May 23 and 24, 1905.
- WASHINGTON**—Pres., M. L. Doom, M. D., Tacoma; Sec'y, R. L. Chase, M. D., Bothell. Next meeting at Seattle, September 20, 1905.
- WISCONSIN**—Pres., G. R. Hill, M. D., Kendall; Sec'y, F. P. Klahr, M. D., Horicon. Next meeting at Milwaukee, May, 1905.
- WEST VIRGINIA**—Pres., L. N. Yost, M. D., Fairmount; Cor. Sec'y, Geo. Snyder, M. D. Next meeting at Clarksburg, May 17-18, 1905.

PERSONALS.

DIED, at Union City, Tenn., March 12, Dr. Allen Fowler, aged 65 years. Dr. Fowler was one of the prominent Eclectic physicians of Tennessee, and was an active member of the State Society.

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Dr. A. W. Hobby, E. M. I. '99, of Port Jefferson, O., has just been elected physician to the County Infirmary of Shelby County. He will probably remove to Sidney within a month, and will undoubtedly do well in his new location.

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Elsewhere in our Journal we are advertising for the Elmonstone Company, telephone manufacturers, a line equipment set useful for physicians in service from office to any part of their residence. We understand from the manufacturers of this instrument that they have an equipment which is ideal for the replacing of push buttons at the bedside in hospitals. We advise those interested in hospital work to write the manufacturers for their complete catalogue.

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Much good is to be expected from the crusade which the women have inaugurated in this field. Let all the patent medicines be analyzed and let the truth be known. Over and over again it has been in other countries that if the alcohol and the opium or other narcotics were eliminated from patent medicines, little medicinal virtue would be left. In Germany the law requires the several ingredients of the nostrum to be printed on the label.—*Jour. Med. and Science*.

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## ORIGINAL COMMUNICATIONS.

### THE IDEAL ECLECTIC PHYSICIAN.

By T. W. Miles, M. D., Denver, Col.

Paulsen says, that any belief, doctrine or system of thinking that has persisted for a considerable length of time, and has a large number of adherents, must necessarily contain some truth.

We observe existent in the world a great number of systems of healing: Schools of medicine, faith cures, water cures, Christian scientists, divine scientists, spirit healers, magnetic healers, osteopaths, fresh-air cures, diet cures, mental healers, suggestive therapeutists, electro-therapeutists, etc., etc.

There seems to be a tendency in human nature to view everything from but one standpoint, to exaggerate the one point of view, and to ignore all others. Hence the proneness to become faddists and sectarians. Thus the Homeopath, all absorbed by his theory of "similia," and his faith strengthened by his observation of the beneficial results of his application of it, comes to believe that it underlies all cures and that it is not worth while to investigate or bother with any other method of treatment that does not embody this particular theory.

That there is truth in Homeopathy—a truth much larger than some of their infinitesimal doses—there can be no doubt. But because there is a modicum of truth in their theory, it is no evidence that there may not be as much if not more truth in some other theory even though the theories are apparently contradictory. For instance: the principle of specific medication,

as used by the Eclectics, is based upon the theory that the action or force of a remedy administered, is *opposed* to diseased action—apparently a flat contradiction to that of Homeopathy. Yet we see many Eclectics employing homeopathic methods successfully, and many Homeopaths pinning their faith to specific medication and thereby curing some of their most obstinate cases. How can both theories be true? It depends upon the point of view. At first thought, the phrase “like cures like,” seems self-contradictory. That a drug which, when taken into the healthy system, will produce a certain pathological condition, will, if administered to a patient suffering with the same pathological condition, cure him, seems absurd. Still it is *true*, providing the proper conditions are followed. And it is nevertheless true that “the curative action of medicine is opposed to diseased action.” The solution of this riddle lies in the fact that most if not all drugs have a diametrically opposite effect upon the human system when administered in small doses from what they have when given in large doses. Every physician of much experience knows that two or three drops of specific lobelia taken by one who is nauseated and vomiting, will, in very many cases, stop the vomiting and relieve the nausea, whereas if a drachm or more is given, profound emesis takes place. Two drachms of lobelia taken by a well person produces a disease—vomiting; two drops taken by a person suffering with this same disease stops vomiting. From one point of view this is a demonstration of the homeopathic theory. From another point of view it is not, but rather disproves it; for two drops of lobelia is not the same remedy as two drachms of lobelia. The secret lies in the dual action of drugs.

The Specific Medicationist finds by experience that with the proper selection of his remedies to fit the diseased conditions as he finds them, and with a common-sense guidance of the patient's diet and hygiene, he meets with more than the average success in treating disease. Consequently, he devotes all his time and talents to the use of drugs and hygiene, and utterly neglects electricity, osteopathy, suggestive therapeutics, vibration, hydro-therapy, radio-therapy, etc. Because he neglects these things, he underestimates their value, and looks upon their use as “off color” and perhaps unethical. In other words, he is a faddist, and his fad is the use of drugs alone in treating the sick. He is not the ideal Eclectic physician.

The physician who uses electricity and the X, Finsen, and violet rays in treating diseases, meets with such wonderful suc-

cess in some cases, relieving and curing some cases that heretofore had been considered incurable, that he becomes an enthusiast on the subject, and is apt to use electricity for everything to the neglect of all other remedies. He is a faddist, and his fad is electro-therapeutics.

The Osteopath gets such wonderful results from his manipulations that he "runs to seed" in that direction, to the utter neglect of all other means of restoring a perverted function. He is a faddist, and his fad is Osteopathy. He is not the "Ideal Eclectic Physician."

The so-called Regular Physician, in his chase after pathology, and new theories of causation of disease, becomes so absorbed in his hunt for the latest microbe that he neglects his therapeutics. He is years behind the times in his knowledge of drug action. He lets the manufacturing pharmacist dictate his administration of drugs, and the semi-proprietary product that claims to be a germicide, especially if it is made in Germany, is fed to or injected into the patient suffering with the disease in which the particular microbe exists, to which this particular germicide is supposed to be "sure death." He is not eminently successful, but owing to the fact that he is not informed in regard to other therapeutic measures, he becomes either a surgeon or a medical nihilist, or both. He is a faddist. His fad is bacteria. He is not the "Ideal Eclectic Physician."

The physician who uses "suggestion" exclusively, has some wonderful results, as well as some wonderful failures. He comes to believe that the only thing that influences the human system in health or disease, is suggestion. He accounts for all of the successes of the Christian science healers, faith cures, etc., on the sole ground of suggestion. He even goes so far as to claim that the influence of drugs upon the human system is entirely due to the suggestion that they carry with them, and that a placebo is just as effective as the most powerful drug. However, I have never seen in their literature an explanation of the effect of drugs when administered to infants, imbeciles, animals or unconscious people, all of whom are supposed to be incapable of receiving a suggestion. They are faddists and their fad is suggestion.

The "Ideal Eclectic Physician" is one who having a liberal preliminary education and a thorough course of medical study, being well grounded in anatomy, physiology, pathology, chemistry and psychology, is philosophical and broad-minded enough to study, investigate and learn all of the truth there is in each

and all of these different schools and fads, and apply them in his practice. There are none of them but contains some beneficial truths, and they all belong to the man engaged in healing the sick. He should know his anatomy and his pathology; his physiology and his symptomatology so well that he need not be mistaken in his diagnosis. He should know his materia medica so well, and the effect of drug action, both in large and small doses, as well as the symptomatic indication for each drug, that he need not be mistaken in what remedy to administer or in what size dose to give it. He should understand hygiene and dietetics so well that he can properly direct each patient in these. He should know the effects of the different currents of electricity, the proper direction, voltage and ampereage, so well that he would make no mistake in the use of this powerful remedy. He should know the truths of Osteopathy, and be able to apply them in suitable cases. He should learn the benefit of deep vibration, and be prepared to use it on the case for which it is best suited. He should know all the truth about suggestion, and should bring it to his aid in every case to the greatest possible extent. He should understand the use of water, both externally and internally, and not be negligent in the proper application of heat and cold in his endeavor to bring about a normal condition. And finally he should be an honest, conscientious, liberal, unselfish, kindly, tolerant and broad-minded gentleman.

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### **SPECIFIC MEDICATION AND OBSTETRICS.**

**By J. S. Niederkorn, M. D., Versailles, O.**

Any one at all familiar with the method of specific medication can not help but appreciate the good possible to accomplish from that systematic and orderly way of prescribing medicine, especially when particular care is taken in the selection of remedies. The frequent, manifold opportunities for its application afford splendid means to substantiate the oft-repeated assertion of the intimate reliability of this manner of exhibiting medicines; and probably there is no one branch in medical practice more calculated to elucidate the niceties of therapeutic and specific action of drugs, and to establish unlimited confidence in our medicines, than the obstetrical field.

I am strongly of the opinion that if every medical man would prepare himself to considerately manage the many unpleasant conditions frequently concomitant to pregnancy, and if that

fact be generally made known, pregnant women would pay considerably less attention to the many ostentatiously displayed advertisements of patented or proprietary preparations circulated through our daily and weekly newspapers and almanacs.

Many women fear pregnancy because they experience much suffering during that period; others fear it because they experience untold suffering during labor; whilst still others fear it, not so much because they do not wish children, but because they look forward with alarm to the time following their accouchment. Very naturally, these all look about them, should they become pregnant, for something which offers them relief and ease during their trying ordeal; and if their physician offers them little or no encouragement or nothing in way of actual relief, the flattering inducements held out to them by the manufacturers and advertisers of "female remedies" finally persuade them to try that which at least promises desired effect, commonly with the result of even more disgust and a more shaky confidence in anything supposedly alleviative or curative.

It has been our experience that the expectant mother early consults her physician, and requests him not only to relieve unpleasant conditions, but also to prepare her for her labor. This custom of early consultation is now more prevalent than it was formerly, and rightly so, for the reason that under ordinary conditions the physician can not only remove many of the unpleasant conditions frequently present during pregnancy, but he can also prepare his patient so that she will have comparatively an easy labor and a pleasant post-partum stage. If hygienic measures, skin, kidneys and bowels receive due attention, and specific medication is strictly followed out and adhered to in the preparatory treatment, there will be little or no occasion to resort to extreme antiseptic measures during labor or during the puerpural state, for the reason that pathological conditions were removed, nature has been assisted and fortified, enabling her to better resist the invading influence of disease-producing microbes, for there is no questioning the fact that the healthy, natural secretions are better protectants than any antiseptic known.

Our experience has been that the physician can do more than relieve gastric disturbances, functional or reflex; he can do more than to advise reasonable hygienic measures and attend to the skin, kidneys and bowels, and see that these organs perform their functions naturally—by calling to his assistance one or

more of the different remedies which experience has proven to possess special affinity for the pelvic organs; he can also relieve many of the unpleasantities frequently associated with the pregnant state. These remedies do not only give temporary relief, but they also materially assist in imparting tone and vigor to the uterus and its support—many are really and truly elegant partus-preparators.

As a general all-around remedy for the preparation of labor, to relieve congestion, reflex symptoms and the general irritation of the nervous system, due to uterine changes, Specific Medicine Mitchellia stands pre-eminent as a preparator. Where there has been a history of pelvic distress, a chronic uterine disorder with mental depression and irritation, bearing-down sensations, Specific Medicine Helonias, given in alternation with Specific Medicine Cypripedium, will prove efficient. If there is a history of a previous abortion and there exist sharp pains in lower abdomen, with bearing-down sensations, cramps in legs, the Specific Medicine Viburnum is indicated. Specific Medicine Macrotys will relieve muscular soreness and muscular pains, dull, dragging backache. It imparts tone to the uterine muscles and stimulates uterine innervation. To relieve many of the unpleasant nervous conditions often present during pregnancy, in my opinion Specific Medicine Pulsatilla or Specific Medicine Cypripedium are two grand remedies. Specific Medicine Senecio is indicated where there is a weakened condition of the support of the uterus—a general relaxed and out-of-tone condition, leucorrhœa. Or, if the person is one of full but lax habits—plethoric—and there are uterine pains and tenderness, pain in hips and legs, Specific Medicine Caulophyllum is the remedy.

During labor, Specific Medicine Macrotys will strengthen uterine contraction, and I prefer it to any other remedy under ordinary conditions. For the short, ineffective pains, seemingly dependent upon exhaustion during labor, Strychnia will be of good use. So will Kali Phos. 3x. Specific Medicine Nux, when pains are crampy and confined almost altogether over the uterine fundus, or where there is a feeling as if the back must break, will be a helpful agent.

If dilatation is slow, os uteri rigid with thick edges, Specific Medicine Lobelia will relax. Again, if dilatation is slow, with a thin, dry, sharp edge of the os uteri, Specific Medicine Gelsemium, with or without Macrotys, will hurry things along. Hot water vaginal injections, directing the stream to play against

the uterine cervix and os, will greatly assist in producing relaxation of rigid structures; and if Gelsemium is given internally at the same time, dilatation will be obtained more speedily. Dry-cupping over the lower part of the sacrum has helped me to overcome rigidity of os uteri and vaginal structures. Permitting the patient to inhale chloroform is another means of producing relaxation, and frequently proves to be very satisfactory. I am convinced that a proper preparatory treatment, begun at least eight weeks before expected labor, will not only provide energetic and efficient uterine contractions at the time of delivery, but will also remove the tendency toward rigidity of the uterine cervix and soft parts.

As to Ergot—it is my opinion that the practice of NOT administering ergot during or immediately after labor has much to commend it; and I also believe that many post-partum, puerperal troubles are due more to the imprudent use of Ergot than to the non-employment of the strict antiseptic measures one now sees so much advocated; and I also believe that if it were possible to institute preparative treatment in every case seeking the physician's advice and services, there would be decidedly less use for Ergot and fewer cases of chronic uterine diseases, or painful, abnormal conditions, the result of pelvic inflammation following labor. In other words, preparatory treatment not only relieves conditions distressing to the patient before her labor, but it also provides for a less painful labor, makes the administration of Ergot useless and prevents puerperal and uterine or pelvic diseases.

With the institution of preparative treatment, the employment of the various antiseptic agents during and following labor becomes comparatively useless. I can not escape from the idea that the healthy, natural secretions of the genital canal are the very best protectants against bacterial invasion, and it certainly appears logical to believe then that the less these secretions are interfered with, the better off will be the patient. It is not my desire to convey the impression that the employment of local antiseptics is *always* wrong, but I do wish to say that too many physicians become overzealous in the use of antiseptic agents. Asepsis is a condition always desirable, but in order to attain and retain it, it does seem to me that this modern, extreme antiseptic fad is certainly not so much of an import as we are led to believe; strict cleanliness certainly can be observed without going to extremes. Common sense cleanliness has proven eminently satisfactory with us.



A nicely selected preparatory course of treatment before labor will prove its efficacy during and after labor. It has been our experience that wherever preparatory treatment was instituted, there was no occasion to use Ergot at the time of delivery, labors were usually of shorter duration and terminated happily; the puerperiums presented natural courses.

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### SCARLATINA.

By William N. Mundy, M. D., Forest, O.

It is frequently claimed, and probably true, that there is nothing new under the sun. The expression was recalled by reason of this clipping from the February Eclectic Review. "Sir Henry A. Blake, Governor of Ceylon, announced at a meeting of the Asiatic Society that Singalese medical books of the sixth century described sixty-seven varieties of mosquitoes and 424 kinds of malarial fever caused by mosquitoes." Possibly we are not so wise as we would wish others to think us. Accepting the axiom as truth, we feel justified in briefly recalling a few well established facts bearing upon scarlatina.

We believe the greatest benefits to medicine derived from modern bacteriology are along the lines of improved sanitation. Sanitation means prophylaxis, and preventive medicine means much to the laity. All measures directed in this channel should be studied and applied by the physician.

The diagnosis and treatment of a simple and uncomplicated case of scarlatina is plain sailing. The sore throat, high fever, followed by the uniform rash, the strawberry tongue and later the desquamation, present a typical picture. The dangers lie in the many departures or deviations from this typical case. Probably the greatest menace to a community is the mild case—the one in which the eruption is very slight, atypical or absent.

Within the past month, we had a new experience in this line. We were treating two cases of typical scarlatina in one family. The cases were isolated, and an older sister, who the mother assured me had had the disease some years previously, was detailed as nurse. Within a week, she developed a high fever, severe sore throat, strawberry tongue but no eruption, yet later she scaled as severely as the other cases. The mother assured me that in the previous attack, desquamation was both abundant and prolonged. Such cases are a source of danger. It

should be borne in mind, that desquamation, following a history of fever, sore throat and an eruption, no matter how slight or atypical, can be safely pronounced as scarlatina. In other words, the scaling is more typical of the disease, than is the eruption. The first care in the treatment is isolation. This should be complete and prolonged until the scaling is completed. With isolation should be coupled rest in bed. Not necessarily until the scaling is completed, but sufficiently long to insure complete convalescence and security against complications. Absolute rest in bed is the most positive safeguard against scarlatinal nephritis, which is the complication most to be dreaded. Quarantine and isolation is a farce, when the patient is allowed its freedom in from ten days to two weeks.

Our attention has been called to this matter recently, by reason of two articles in the last volume of the *National Transactions*. In one of the articles the author says: "In from three to five days desquamation commences." If he means in from three to five days from the disappearance of the eruption, well and good; if, however, he means from the invasion of the disease, we take exceptions. Clinical experience does not warrant such a statement.

In the discussion following the reading of the second paper, one of the speakers makes the statement that his patients never stay in bed over five days and desquamation is completed in twelve. Our personal experience, observation and reading do not bear out such a statement. We believe such statements, of which we hear and read many similar ones, are made by reason of not making careful clinical observations and data; or, in other words, by mere guesswork. Desquamation seldom commences before the tenth day from invasion. We have frequently seen it delayed until the fourteenth, and in one case, and that a mild one, until the twenty-first day. It is usually not completed until the third or fourth week, and at times prolonged until the sixth or seventh.

Reading these articles aroused our curiosity, and in order to verify our personal experiences we ran through our library and consulted the following works on this point. We will simply name them; as there is such a uniformity of opinion, reference to each would be but a repetition. We began with our oldest work, *Watson* (edition of 1845), and ended with *Thompson*. The following stated the time as being from six to eight weeks: *Watson*, *Anders*, *Webster*, *Holt*, *Butler*, *Page*, *DaCosta*, *Osler*, *Tuttle* and *Thompson*. For the prevention of complication, and

for the sake of prophylaxis, isolation and quarantine should be enforced during this entire period of desquamation. Health officers and physicians are criminally negligent who do otherwise. The complications which usually arise during this stage of the disease are best avoided by quiet and rest in bed.

The treatment of uncomplicated scarlatina is simple and efficient. The first consideration as has been said is isolation, with the patient in bed, no matter how slight the attack. The second is daily baths. We begin these with the appearance of the fever and continue them daily until desquamation is completed. If the pyrexia runs unduly high, the patient is bathed with warm soda water at least twice daily, morning and evening. This is followed by inunctions, after the eruption has appeared. This is composed of carbolic acid or creosote with vaseline. It allays the itching which is so annoying to the patient. Internally aconite, belladonna, rhus tox., or phytolacca are administered according to the indications. This list embraces about all the remedies needed for an ordinary case of scarlatina.

After the desquamation is completed, the patient is bathed, head thoroughly washed, clothes given that have not been previously used or in the room, before being allowed to mingle with the family. The room is then fumigated, everything burned or thoroughly disinfected that has been used by or about the patient. Woodwork, after being washed, is repainted or varnished, and if the walls are papered, the old paper should be removed and then repapered.

To some these precautions may seem to be too severe and unnecessary. Experience has taught that there is but one way to be sure and right, and that way is to do the work thoroughly. We might recite instances where the want of thorough disinfection has conveyed contagion, but we deem it unnecessary. Such examples are no doubt familiar to us all.

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### PARISIAN MEDICAL CHIT-CHAT.

Translated by T. C. Minor, M. D., Cincinnati, O.

In certain countries, a number of insects are utilized from a culinary standpoint. Thus among the coleoptera, the cockchafer, or May bug, cursed so roundly by our agriculturists, are as much enjoyed as are shrimp. They are opened and the contents sucked out, or they are cooked in a soup. For instance, in Germany, and also in France, cockchafer or May bug soup is

much in favor. Here is how it is prepared. The wings of fifty fine June bugs are removed, the insects reduced to a paste that is fried, and then sufficient water is added to make a good bouillon.

In ancient days, the Romans ate the larvæ of the capricorn beetle, which they claimed was an agreeable meat. The inhabitants of the Antilles eat these same larvæ at the present day.

In the class of orthoptera, cockroaches and grasshoppers furnish their culinary contingent. The Creoles of the West Indies eat roaches grilled, as do the Arabs eat grasshoppers. In certain villages of Asia and Africa, grasshoppers dried, salted and rolled in long strings are bought and sold as a regular article of food. The Hottentots are great consumers of grasshoppers, as are the Digger Indians of North America. If your appetite is not against grasshoppers, let it be known that they can be made up in all manners of savory sauces. *One precaution must be taken, however, i. e.,* be sure to remove their wings and heads.

The hymenoptera furnish bees and wasps. The Cingalese eat honey bees. In Africa ants are eaten cooked in butter; in Brazil they are considered a delicacy when mixed with some resinous preparation. Finally, in Siam, ant eggs are considered a luxury for human diet. The formic acid these insects contain, communicates to all foods to which it is added, a most charming and pleasant taste.

The class of hemiptera furnishes the locust, of which the ancient Greeks were so fond, and also a species of bug that is used by the Mexicans in their sweet cakes.

The lepidoptera furnish the silkworm, a real luxury for the Chinese, who have it at feasts. When the cocoon is unwound, they boil the chrysalides that are pulled out of their coverings, then cooked in butter or fats. When sufficiently cooked, the fried chrysalides are mixed with yellow of eggs, thus giving a delicious food of creamy appearance, and of the most exquisite taste.

The poorer classes in China content themselves with seasoning their fried chrysalides with salt and pepper.

The neuroptera give ephemera and white ants. The Chinese chase the day flies with nets; and the night flies with nets and lanterns, and all their catch is for human consumption. The Hottentots eat termites or white ants, and the celebrated African traveler, Livingstone, tells how a Hottentot chief coaxed

him to eat the dish. Livingstone ate and found it most delicious food, for which he formed a most decided liking. In the Indias, white ants are roasted like coffee, then mixed with flour and eaten as delicate pastry. Many white ants are annually consumed raw.

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### ABNORMAL PREGNANCIES.\*

By W. P. Winter, M. D., Toledo, O.

It is not the purpose of the author of this paper to attempt to cover the entire field of discussion of abnormal pregnancies, but to present, in as concise manner as possible, practical suggestions and thoughts on this subject as may be utilized by the obstetrician of the present day. Much has been written on this subject, and theory after theory has been presented on the embryology of abnormal pregnancies. But after all it is not so much how and in what manner the embryo grows when once in its abnormal place and condition, but what is the cause, and the prevention of the causes and the relief of such conditions when once they do occur? We leave it to the authors on gynecological surgery to discuss the modes of different surgical procedures in surgical cases of abnormal pregnancies, but rather discuss the causes and results and prevention of such pregnancies.

Abnormal pregnancy is the bugbear of the obstetrician and the cause of worry not only to the doctor but to the mother as to the outcome and prognosis of such a case. In the beginning it is often surely a hard problem for the physician to diagnose. While he may think he is correct in his diagnosis, he does not often feel sure that he is correct in its early stages. He may theorize, but he often does not feel sure whether it is an abnormal or normal pregnancy which in a doubtful case is presented to him for diagnosis.

In the early stages of any kind of abnormal pregnancy there is much danger of mistaken diagnosis and it is perplexing to him to be obliged to give a diagnosis when he does not feel certain of his opinion. In the first place one rule should be observed: it is better to be cautious and not hasty in giving an opinion and diagnosis of such cases. Time is a great factor here; always remembering that as time tells in normal, it also tells in abnormal pregnancies. For convenience of discussion

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\* Read before the Ohio State Eclectic Medical Society, 1904.

we divide the subject into ectopic and uterine abnormal pregnancies.

By ectopic gestation we mean all pregnancies existing outside the uterus. We divide ectopic gestations into the following divisions: (1) before tubal rupture; (2) after rupture; (*a*) into the peritoneal cavity; (*b*) into the broad ligament; (3) during development to term; (4) at term and after term. But to begin with, it is here necessary to make an accurate diagnosis of the case. This is often very difficult before tubal rupture takes place. Ordinarily tubal rupture takes place about the 10th or 12th week.

Electricity is often used, but it is so uncertain that the accepted treatment of to-day demands surgery as the only safe and sure method of relief. And yet it is often maintained by surgeons that the growth in the tube is stopped by the application of electricity, and if that is true, we have at best a diseased tube to remove if the mass is not absorbed.

A careful examination by two or more physicians, when the patient is under anesthesia, ought to be sufficient to confirm the opinion that a surgical operation is called for to relieve the patient. Exploration of the uterus, as well as rectal and vaginal examinations, will exclude abortion and peritonitis. Having determined to operate, the following technique can be observed: the abdomen and pubes having been shaved and cleansed by soap and water followed by bichloride solution, 1 to 10,000, and extreme care being exercised to guard against septic infection both as to instruments and surface to be operated upon. The woman is anesthetized and placed in the Trendelenburg position. A few gallons of sterilized salt solution should be at hand to irrigate the peritoneal cavity if unavoidable hemorrhages occur. Make the usual incision down the median line about three inches in length extending above the pubes. The peritoneal cavity having been entered, keep the intestines from the abdominal opening by large gauze pads wrung out of the sterilized water. With the fingers liberate the tube and ovary if adherent, and bring them out of the abdominal incision. The pedicle is transfixed by a silk ligature and the appendages are removed. Examine the tube and ovary of the opposite side and remove them if necessary. If the operation is not accompanied by hemorrhage, it is not necessary to mop out the field with sterilized salt solution. Close wound by proper sutures. Ordinarily this will relieve the patient of further trouble if the after treatment of the patient is care-

fully attended to. In a case nearing full term there is a difference of opinion as to the surgical procedure; but when the placental circulation has ceased, it is evidence that fetal life is extinct, and the sooner the woman is relieved, the sooner she will be free from the danger of septicemia.

We come now to the consideration of intra-uterine abnormal pregnancies. Here we find a far different problem. Here we find that the physician can only wait until full term, unless he must act to relieve the patient before labor begins. The safe rule, however, is to wait until labor begins, then relieve if necessary. This is true whether the fetus is a monstrosity or a pigmy. In considering the causes of intra-uterine abnormal pregnancies, we find they are many, and in many cases can be traced to the condition of the mother.

The womb itself may be too narrow or too small to admit healthy fetal growth, or the uterine circulation deficient so that the placenta is itself abnormal, thus producing an abnormal fetus.

The proof of the latter case has been experienced by the writer in all his cases. He has found a small and hardened placenta, deficient itself in healthy characteristics. There are many causes which tend to produce abnormal wombs, some of which are tight lacing, and the manner of dress in the girlhood of the mother, producing womb displacement, and smallness of cavity, and deficient circulation. Fetal growth is affected by the condition of the mother during term, not only as to cell growth in the embryo, but all through the term of pregnancy. This is true also of abnormal pregnancies. Perhaps at the very beginning of cell growth in the embryo the nervous system of the mother affects the placental circulation, which in turn affects both bone, ligament, and muscles of the growing fetus. The precocious child with an abnormal head, or an idiotic child with its mental deficiencies, all may come through such maternal conditions. It is essential to produce healthy children that the mother give due care to her condition in girlhood. She must be careful to not compress and weigh down her uterus with corsets and clothing, and habits that both destroy the development, and displace that generative organ.

Overstudy, overstrain, in fact the wear and tear of social life; intemperance in dancing, golf, tennis, or any exertion of the physical organism far beyond the strength of the young woman, will leave its lasting effects upon her womb, which in many cases produce the fetal abnormalities which occur during

the term, thus producing abnormal pregnancies, or is shown in the child at birth or during life. The fact is that maternal conditions and impressions have much to do with all these abnormalities in both monstrosities and pigmies, and other abnormal fetal growths. We can not claim that the condition of the mother produces the false position of the embryo, yet habits or overstrain will influence fetal growth. The question naturally arises, does the condition of the father affect the fetus, both as to this false position or the cell growth? It is certainly reasonable, and not in conflict with medical science, to conclude that the father's condition does affect the future cell growth of the embryo, and later the fetus. We, as physicians, should insist that the boys and girls, the future men and women, should have due care taken of their physical development.

It is true that severe fright and sudden shocks to the nervous system of the mother during her term of pregnancy will affect the fetus and produce malformation of growth.

Blemishes, and certain mental conditions of the future child, can but prove how essential it is that the mother, all through her term of pregnancy, must guard against all bad influences that would affect her child in its fetal growth.

Let us ask ourselves, do we as physicians impress on the pregnant mothers of our clientage the importance of such care? And beyond that, do we advise with the mother of the young woman who contemplates marriage and motherhood, that in order to prevent abnormal pregnancies and to produce healthy, vigorous children that they must first insure a healthy, vigorous organism, free from womb displacement; and the womb must be free from disease; and that all this should be required before marriage and motherhood?

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### **TYPHOID FEVER AND ITS TREATMENT.\***

**By B. W. Mercer, M. D., Tiffin, O.**

We are aware that the term is used many times to cover up, or make believe, for which we are in no way responsible, and can only explain by saying many doctors have attained note in this fever, by calling each case he came to, where there was fever and lingering trouble, not removed within the first few visits, "typhoid."

Our object is to speak, in as few words as possible, of the cases as I have found them and treated them.

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\* Read before the Ohio State Eclectic Medical Society.



The majority of our cases have had a period of languid and achy feelings, some with much headache, some complaining of every bone in their body aching, muscles sore, a disgust for food, constipated, say their limbs are so sore they can hardly raise their feet, and their back nearly breaking.

We look at their tongue. Sometimes it is loaded, and shows a very badly loaded bowel and disordered stomach; fever sometimes very high, and we say this patient has symptoms of typhoid fever and must go to bed, keep quiet, and restrict what little diet he does take. We notice some gurgling in the region of the Peyer's glands, which seems to be the place for the germ (if such it may be called) to settle, and then tenderness in this region with some tympanites—these cases are not hard for us to call typhoid, and be sure of our diagnosis.

But the patient who comes to our office and says, "I have been in the best of health, feeling good, eating well and sleep soundly, but to-day I am all out of line; tongue clean and clear, no particular symptoms, except have a high fever, and feel very bad to-day, for the first." This is not so easily diagnosed, but still we have them develop later into a case of genuine typhoid, and others run three or four weeks of fever, clear tongue, no stomach or bowel trouble, no aches or pains, and yet one continued fever. What shall we do to satisfy our neighbors, sometimes our health officers, and many other troubles arise.

Now, from experience, I say diagnose the case carefully. If you have satisfied yourself of the case, and you so state it to the people, do not have an excuse so poor that you can not give it when called upon to do so. Watch for the varied line of symptoms, and it may be the rash from typhoid that will bind your diagnosis; or the bowel trouble, or the typhoid tongue, or the aches and languid conditions.

Now, of course, there are other causes that may produce some of the typhoid symptoms, of which we should be careful, and not be in so much of a hurry to name the disease, but treat the symptoms as we have them at our hand, and the name will come out all right, as it is not the name of diseases we treat.

Treatment:—In all of my typhoid fever cases I am careful to restrict the diet to liquids in some form, not alike, by any means, to all patients; and not always the same in different periods to the same patient, paying close attention to all the symptoms. Some may take milk well for a period, then we notice indications for acids. Now, don't let the patient drink lemonade and milk, but change the food to a broth or soup of

some kind; or it may take beef tea, or some of the predigested foods would agree, but above all things, do not give, or allow given, something that conflicts within the stomach of itself, and then wonder why the patient is so much worse the next morning when you return. It may be that you can regulate same by bathing your patient. I use tepid soda water bath if patient has much fever and an indication for soda. Or I use a tepid vinegar water if I have an indication for acids. And allow me to say that we by no means allow the patient to lie without a regular bath every day, and if fever is above  $102^{\circ}$ , two or three baths a day. Be sure that the bed is changed every day, and all vessels are kept perfectly clean and odorless, as "cleanliness is next to godliness;" so says the good book, and I believe it.

Always have words of encouragement for your patient. Never come into the sick-room downcast, and trying to make those around you feel worse instead of better; while it helps you to make a better impression, it also cheers up the faint-hearted, and all seems improved by your presence.

My medical treatment is not alike to every patient, and so I will name a few of the drugs I use and when I use them. My first drug is echafolta, if I have that condition which shows depravation of the blood. Baptisia, when we have the bad breath, purplish discoloration of tissues, and that tendency to the breaking down of the same. I use very light sedatives, if any, and watch my remedies very, very close in that direction, depending much on sponging the patient for sedation.

For my intestinal antiseptic I use a combination tablet of sulphocarbolate of zinc, carbolic acid, salol and bismuth subnitrate. This I use in nearly all, or I might say all; of the typhoid bowel troubles. I seldom have to give anything further to check the bowels. If, to have a movement every twenty-four hours, the patient needs a laxative, I give something mild, but sure not to let the bowels run over forty-eight hours, but if so, to move them by an enema.

Should we have much hemorrhage from the bowels, I use hydrastin, ergotine and gallic acid tablet, or I have used ergot hypodermically and internally, but can not say it did any more good than the tablet spoken of. At the period of convalescence I am very careful to keep up the heart. I generally use strychnine in some form; we may need other remedies, as cactus, or digitalis, as may be indicated.

I feed lightly every three or four hours, as the patient may require, allowing them to sit up only after we have them well under control. Now, strange as it may seem to some, I have never been able to note exactly the bad days of each patient being on the same day of their sickness, or the fever breaking exactly on the 21st, 28th, or any other time of certain weeks.

Also I will say I have failed to break any case of well developed typhoid fever under three weeks, as some of our good friends do.

This in conclusion: Be very careful, don't kill your patient with medicines. See that they have regular nourishment, well cleansed rooms and contents, careful nursing, all kind words but positive. While doing this your patient generally gets well, and you have the praise.

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### DROPSY.\*

By R. B. Taylor, M. D., Columbus, O.

No doubt the Association will feel that an apology is due for the infliction upon it of a subject so old as the one I have chosen. However, when we consider the fright which our diagnosis occasions in the patient and his friends, a reflection of the state of mind of the majority of practitioners, we are inclined to think that not all is known about this subject, that its antiquity would suggest.

Again, when investigating the works of three prominent writers, representing the three foremost schools of medicine, we find less than a half-dozen remedies agreed upon by the three, we are bound to admit that the dividing line between the three schools is not obliterated in this one instance. Since this condition is but a symptom, the treatment can not be limitless in variety, as we do not find numerous drugs relieving identical symptoms.

We shall confine ourselves, in this paper, to a discussion of the treatment of this symptom, as occasioned by cardiac disease, which variety has been, with us, the most tractable, and yields more readily to treatment than others.

The causes of disturbed heart action are as numerous as the number of cases, and sometimes decidedly obscure. One case of unusual severity, in my practice, was occasioned by excessive coffee intemperance.

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\* Read before the Ohio State Eclectic Medical Society.

The patient, Mr. H., aged forty-five, came to me on May 5th, 1900, presenting the following symptoms: There was a dropsical condition of the entire body; the face looked like it had been stung with bees; circulation 50 to 54; extremities cold; respiration rather labored, and the urine showed no renal disturbance.

We at once withdrew the coffee, of which he had been drinking from six to twelve cups per day, and gave the following: *Sp. apocynum* and *sp. digitalis* each 4 drops, water 4 ounces; sig., teaspoonful every three hours. One-sixtieth grain strychnia was administered three times daily. In three weeks' time the patient returned to his work and has since had no sickness of any kind.

Another case, illustrating the virtue of two of our most potent remedies, came to my notice in March, 1903. Mrs. W., a washerwoman, aged sixty-eight, feet and legs to hips swollen to the capacity of the skin; respiration labored and rapid; heart very rapid, 120 to 130, and very irregular; urine heavily loaded with albumen, and the patient unable to lie down at any time. I at once gave the following: *Sp. apocynum* and *sp. strophanthus* each one dram, water 4 ounces; of this one teaspoonful every four hours; also gave strychnia sulph. 1-60 gr. three times a day.

In less than one week the patient could lie down and sleep peacefully. The swelling gradually disappeared, but was followed by eczema of the legs, which was relieved by the daily application of resinol ointment. The patient, at various times, complained of pains in the back and smarting upon urination, which *sp. cannabis indica* and *apis* relieved. The heart has remained in a condition of arrhythmia at all times since, but there has been no recurrence of dropsical attack, until recently, when dyspnoea and swelling were induced by overwork.

In this instance I tried *apocynum* and *strophanthus* each alone, without results, but when given together the symptoms disappeared. Thus, I believe, demonstrating the efficiency of these two remedies of the same plant family, when they are used together.

In addition to the remedies mentioned above, we find *cactus grand.* of value in relieving the rapid, feeble heart and the chest oppression. *Apis*, when there is puffiness and a glossy appearance of the skin, similar in appearance to a bee sting. Antibilious physic aids in relieving the system of fluid, and cleans the digestive tract for the reception of food and medi-

cines, excelling, in this, any of the harsher means. Cratægus would be suggested by the presence of heart murmurs.

While there are other remedies which might be suggested for the relief of minor symptoms accompanying this condition, I would expect a judicious selection from the remedies mentioned, aided by a suitable diet, to relieve all curable cases.

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## SETON HOSPITAL REPORTS.

PROF. L. E. RUSSELL, SURGEON.

CASE 87.—Dr. C. N. Brown, of Fairmount, Ind., brought to the clinic a young married lady twenty years of age, with a history about as follows: Married January 1, 1905; and two weeks following marriage there was a hemorrhagic discharge from the uterus, which, while intermittent, continued from day to day up until the time of her entrance into the hospital. There was noticed in the flow shreds of decidual membrane. She had been treated by two or three physicians during her illness; and while the diagnosis was somewhat obscure, they had considered the case one of typhoid or typho-malarial fever; and the last physician called in, on account of the enlargement in the region of the appendix, suggested that her illness was due to appendicitis. We must give Dr. Brown credit for correcting the diagnosis of the patient's illness, and insisting upon the fact that it was surgical and not medical.

Let us now examine the patient carefully, and note what we may learn by inspection; as we shall be required to use the different methods of physical diagnosis in arriving at a definite conclusion in regard to the lesion. In the first place, we have a bulging or marked enlargement in the right iliac region, corresponding to the head of the colon. This, then, so far as inspection is concerned, might score one point in favor of appendicitis. Let us continue our examination by inspection and include the mammæ. We notice here the darkened areolar tissue surrounding the nipple, and this in the nulliparous woman would be a point in evidence of a pregnancy; which, in the woman who had borne children, would be no evidence. We find that the patient is inclined to lie with the right leg flexed upon the abdomen; this to relieve the tension of the right rectus and abdominal tissue. But this condition obtains also in appendicitis, as well as in ectopic pregnancy affecting the right tube.

Let us continue the examination, remembering that inspection has given one point in favor of appendicitis, and one in favor of pregnancy. We shall now apply the second rule in physical diagnosis—palpation. And by the method of bimanual palpation we find a bulging mass protruding nearly to the introitus of the vagina, coming from the region of Douglas's cul-de-sac. Now, by the bimanual method we outline an enlargement nearly the size of a child's head. The uterus is bound and immovable in the right lateral position. By carrying the index finger upward under the pubic arch we find that the cervix is enlarged, the os also enlarged, opened and patulous. Taking the left side of the uterus we can quite readily trace the outlines of the uterus, showing a depth of about four inches. By pushing the palpation more deeply, and in the posterior vaginal wall, we can also outline more clearly the tumor mass.

Let us now take the temperature—vaginal temperature—of this case, as it will more correctly register, as in all other cases, by applying the thermometer approximately close, possibly in the region of the lesion, or where destruction is taking place. We find the temperature here to be 103 degrees; and this fairly well represents the temperature that has been manifest in this case during the past two months. We have reasons to believe that with this continuous temperature we shall find broken-down tissue, debris and pus, within this tumor-like mass, which has extended so deeply in the pelvis that we may at once dismiss the possibility of the appendix being involved at all.

Let us now, with the additional light given by palpation, make a little review of the case, and we shall note in favor of extra-uterine pregnancy five prominent conditions: First, intermittent hemorrhage, with decidual membrane; second, immobilization of the uterus with tumor mass in the iliac space; third, greatly enlarged uterus, corresponding to the condition which would be present were the pregnancy normal; fourth, the bulging tumor mass in Douglas's cul-de-sac, which upon palpation gives a boggy feeling, or resistance not unlike that of pressure against the walls of a thick rubber ball; fifth, enlarged mammæ with discoloration of the areolar tissue.

There are two methods of dealing with these ectopic lesions: by the abdominal route, laparotomy; and by the vaginal route, opening liberally the tissue into Douglas's cul-de-sac. In this case, on account of the highly inflammatory condition which

has obtained, and the hardened mass extending well towards the umbilicus, I am led to believe that nature has walled off the pelvic from the abdominal cavity, and that if I make the median line incision it will be to invite disaster to what would otherwise be a successful recovery. We, therefore, place the patient in the exaggerated lithotomy position, and, after introducing the speculum, we shall make an incision well up in the center of the bulging mass, so as to avoid wounding the rectum, provided it should be carried forward. Our incision is now one-half inch in length; and there is a protrusion of a blood clot, and this helps to confirm the diagnosis. We shall now extend this incision in either direction one inch and a half; this will give ample room to thrust the hand up into Douglas's cul-de-sac to remove the debris. With this liberal incision we find expelling from the tumor mass placental tissue, gestation sac, blood, pus and broken-down debris. This must all be carefully washed and cleansed away; and then we will pack the cavity with three strips of iodoform gauze, the full size and width taken from the jar. The central strip shall remain for two or three days; and I believe in a majority of cases it were better that the lateral strips remain at least four or five days, much depending upon the character and condition of the discharge from the pelvic cavity.

This case makes twenty consecutive operations for extra-uterine pregnancy for the writer, without a death; the time of the extra-uterine gestation varying from six months down to six weeks.

NOTE.—At the time of making this report, two weeks following the operation, the patient is making an uneventful recovery.

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## EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTE, M. D.

### ACUTE CATARRHAL INFLAMMATION OF MIDDLE EAR.

*Synonym.*—Otitis media catarrhalis acuta. Earache.

*Etiology.*—This disease often results from an acute pharyngitis. Continued exposure to cold or wet may cause it. Surf-bathing and diving may also be factors. It is a not infrequent complication of the acute infectious diseases as measles, whooping-cough, scarlet fever, or bronchitis, pneumonia, etc. It is often present in mumps. The use of the nasal douche or the post-nasal syringe is often a cause, as some of the fluid fre-

quently enters the eustachian tube and an acute inflammation results. In some instances, even the use of the atomizer has started an inflammation, as well as "sniffing" salt water for the relief of catarrhal conditions. Teething children are frequent sufferers from this form of catarrhal inflammation, and it often becomes a purulent suppurative disease, with perforation of the membrana tympani. Hypertrophy of the faucial or the pharyngeal tonsil may also be factors in causing earache.

*Pathology.*—This does not differ materially from an acute catarrhal inflammation of other mucous membranes, excepting as modified somewhat on account of the specialized structure in this region. The inflammation is limited to the superficial layer, and usually to that of the lower portion of the cavity. Congestion of the tissues of the superior portion of the cavity often is present, but it seldom becomes an inflammation. Through the inability of the secretion to escape, maceration of the tissues occurs, and the epithelium exfoliating, exposes the fibrous layer of the membrana tympani. Infiltration and pressure combined may cause rupture of the membrane, allowing the accumulated material to escape through the external auditory canal.

The micro-organisms found in the discharge will vary according to the cause of the disease, and also its severity. In the mild attacks, staphylococci or diplococci are found, while in severe attacks streptococci are most numerous.

*Symptoms.*—There may or may not be premonitory sensations of fullness or a dull feeling in or around the ear. Frequently, in children, the first intimation is the child starting from a sound sleep, screams with pain, and will usually carry the hand to the affected ear or bury that side of the head in the pillow; if the child is removed from its bed and carried, the disposition is to rest the affected side against the breast of the nurse. In many cases the pain is mitigated by the patient being erect, while the recumbent position increases the torture. In young children there are usually febrile symptoms, and occasionally delirium or even convulsions. In children the diagnosis of meningitis is sometimes made but an examination of the ear, and the fact that the head is not drawn backward, as well as the difference in the cry, should make the differentiation comparatively easy. In cerebral irritation the cry is also different, being more peevish in character.

In older children and adults, the pain may be referred to the teeth, temporal region or side of the head. Opening the mouth,



or making pressure just below the lobule will usually increase the pain of an acute catarrhal middle-ear disease. Fever is usually slight or absent. The eustachian tube is usually affected, and interferes with drainage of the tympanum, causing bulging of the tympanic membrane. If the secretion is scanty, the tubal swelling may interfere with normal ventilation, and the air in the tympanum being absorbed, retraction of the tympanic membrane through atmospheric pressure will result, and there will be an increase of pain.

In mild cases, the symptoms will soon subside, but in aggravated cases the pain may last for a number of days, and a sensation of fullness or pressure may continue for weeks.

Tinnitus is usually annoying, and is varied in character. The hearing is impaired, as a result of the inflammatory condition. The impairment of hearing depends more upon the site of the inflammation than upon the amount of exudate. Autophony is often complained of by adults. Change of a half tone or tone is also often noticed.

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**"ALL MYOLOGY RESOLVES ITSELF INTO NEUROLOGY."**

D. W. Wells, M. D., in *Hom. Eye, Ear and Throat Jour.*

The above statement, which Dr. T. P. Wilson criticises in the February number of the *Journal*, forms the closing sentence of my paper. It was used to sum up the gist of the article.

"The rapid development of adduction which is so often obtained by this so-called 'gymnastics' strongly suggests that the gain is not a muscle hypertrophy but an increase in innervation. In the educational treatment of tabes the inco-ordination is overcome by teaching the patient to gauge his motor impulses by the eye in lieu of the normal sensory control. Repeated artificial contraction of the internal rectus (the ciliary remaining relaxed) establishes a habit of increased action, so that it no longer lags when the impulse to converge and accommodate is felt. The co-ordinating centre may also be taught better to appreciate the advantages of binocular perspective. This is no special pleading, but is analogous to other sensations. The pianist makes his fingers educate his brain, that the brain may do better work with the fingers. Tasks consciously performed are in time relegated to subconscious control.

"If this interpretation of muscle gymnastics be accepted, it is evident that the first indication is to teach the patient the fascination of true binocular fusion."

Dr. Wilson suggests that Dr. King and the writer have exceeded their authority, not being physiologists, in endorsing the statement, "All myology resolves itself into neurology." While it is not admitted that the ophthalmologist, because he is a specialist, forfeits the right to express opinions on matters physiological, yet in deference to Dr. Wilson's dictum of the "purview of ophthalmologist," only those eminent in physiology will be quoted in justification of the point in issue.

Although I have gone over Dr. Wilson's article several times, I am not quite certain that I have grasped his argument, and if I have failed, I beg to be enlightened. He says, "The nervous system is not an essential of protoplasm, and as a muscle is an aggregation of protoplasmic units, its functions are simply and only the result of its protoplasmic endowments, and contractility is one of these." This definition of muscle, "An aggregation of protoplasmic units," is diametrically opposed to the teaching of physiology.

Foster: "By the act of segmentation, however, the ovum is divided into parts or cells, which early show differences from each other. . . . Each tissue may be supposed to be composed of physiological units, . . . differing from the units of other tissues . . . the units of different tissues behave or act differently.

"The muscular tissue then may be considered as given up to the production of movement, and the nervous tissue as given up to the generation, transformation and propagation of nervous impulses."

Protoplasm, then, is undifferentiated tissue, muscle is highly differentiated, the specialized function being contractility, and the contractility is in direct proportion to the nervous stimulus. Therefore, the question as to whether the protoplasmic cell possesses a primitive nervous system, or its function is an immediate effect of stimulation of the protoplasm, is irrelevant, because the striated muscle has risen above the simple protoplasmic cell. It has lost nearly all spontaneity and become dependent for its normal action on the impulse from without.

Dr. Wilson says: "In many cases abnormal contraction is due to faulty nutrition, which is plainly the result of protoplasmic rather than neurological conditions."

It is cheerfully admitted that a muscle should be properly nourished to insure normal functions. "When a nerve going to a muscle is stimulated the blood vessels of the muscle dilate, hence at the time of contraction more blood flows through the

muscle." Is there any better way to overcome faulty nutrition?

Dr. Wilson "thinks it reasonable to assume that in paralysis of a muscle the seat of the lesion is not the nervous element, but the protoplasmic substance."

This statement that muscular paralysis is not a defect of neuricity is so revolutionary that I suspect it may be a misprint.

In the same paragraph Dr. Wilson states, "The nerves are simply exciters of protoplasmic function. They add nothing but intensity to those functions."

If muscle action is insufficient, nothing but "intensity" is needed to overcome the defect. If the action be excessive, lessening its "intensity" (less nerve impulse) reduces to normal. That the "onus of strabismus is placed upon the nerves rather than upon the muscles" by many ophthalmologists of international fame is well known, but I will quote only from Tscherning, whose "physiological" position at the Sorbonne, Paris, makes him a credible witness in the opinion of our critic. "The theories which attribute the vast majority of cases of strabismus to a defect of innervation are beginning to gain ground."

Now to one holding this view we are told that "treatment by training the fusion faculty is involved in some mental absurdity." The absurdity seems not to have occurred to Tscherning, for he divides treatment into these five heads, four of which have reference to training the fusion faculty:

"(a) Re-establishment of diplopia, and, if possible, vision of the strabismic eye.

"(b) Re-establishment of the approximately correct position of the eyes by way of operation.

"(c) Stereoscopic exercises.

"(d) Exercises without the stereoscope.

"(e) Controlled reading."

But what shall we say of Dr. Wilson's final paragraph: "I will add that the fusion method is simply a mode of cultivation of the contractile power of protoplasm by which it is taught to respond to qualified stimuli, and being thus restored to its normal function, the unbalanced action of the muscle or muscles disappears and the strabismus is relieved."

This reads like a fairy-tale, but let no one be misled into believing that fusion training is any such sinecure. It is beyond the scope of this paper to take up these dogmatic assertions any

further than to register a protest and to write after each statement: Which is to be proven. The statement "that all myology resolves itself into neurology" is not original with the writer; it was quoted, and I can not recall the author (he may have been a physiologist).

The Standard Dictionary defines Resolve "to make intelligible, to disengage from perplexities," and I submit that the practical truth of the proposition has not been disproved.

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## PERISCOPE.

### FRIGHT AND CHLOROFORM DEATHS.

The letters which are constantly appearing in the current medical journals indicate very plainly the views which are held on the vexed subject of chloroform versus ether as an anesthetic. The statements made by Dr. J. A. Bodine, Adjunct Professor of Surgery at the New York Polyclinic, are interesting. In a recent lecture he admits freely that chloroform possesses many advantages over ether, but points out that the administration of the former has been followed by a considerably larger proportion of deaths from the anesthetic than when the latter was employed. He thinks, however, that this unfortunate fatality might be offset to some extent by the deaths which take place some time afterwards, from kidney irritation and lung involvement after ether.

He contends that most chloroform deaths are due to vaso-motor paralysis, and that deaths from fright occur just in the same way. Two instructive and suggestive cases are cited. In the first, the patient, a very nervous individual, became so frightened before the operation that the rhythm of his breathing was seriously disturbed; the anesthetist, in consequence of this, gave him some preliminary training in deep breathing before the administration of the chloroform; the cone was placed over his face, and he was told to breathe deeply; after a few gasps he ceased to breathe and could not be resuscitated. Not a single drop of chloroform had been administered. In the second case, the patient, who was also a very nervous man and very fearful of the result of the operation (for hemorrhoids), was given an enema before any anesthetic was administered; he thought this was the first step of the operation, ceased breathing, and died. In both these cases the necropsy revealed no morbid state except the tense abdominal veins, in which

nearly all the blood of the body had collected as a result of the vaso-motor paralysis consequent upon the fright. Dr. Bodine, therefore, concludes that fright may be an element in the production of death in cases in which chloroform is used. He states that seven out of every ten deaths reported from chloroform anesthesia occur during the preliminary stage; when only a few drops up to a drachm have been given. There is negative evidence also in the fact that in obstetric practice chloroform is the anesthetic of choice; this is due to almost complete absence of a chloroform mortality during labor. As an explanation of this freedom from danger we have the circumstance that women are not fearful about the anesthetic in their confinements, but ask freely for it. Children, also, are not frightened as adults are, and consequently suffer little from chloroform as an anesthetic. Dr. Bodine refers, in addition, to the interesting fact that the negro of the Southern States stands chloroform very well; he has a childlike faith in his physician and does not fear any of the measures that he may adopt. Yet the negro may die from fright, as a graphic story of a student trick told by the writer proves. The conclusion is therefore reached that we must for the safe administration of chloroform eliminate fright. Dr. Bodine tells his patient to put his hands tightly together, the fingers interlacing, and to grip them firmly; he asks him to fix his mind upon that action, to listen to the voice of the anesthetist and to do what he tells him, and to breathe deeply and quietly and not to mind the sensations which come over him. General conversation in the neighborhood of the patient should not be allowed. The writer, in conclusion, thinks that if deaths from fright could be eliminated, chloroform would be a much safer anesthetic than ether, and says: "If I had to choose an anesthetic for myself to-morrow, I should take chloroform, but I should want it administered by a careful, expert anesthetist." —*Am. Physician*.

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#### SYMPTOMS OF TUMORS OF THE BRAIN.

In an interesting paper on this subject by J. Arthur Booth, M. D., of New York, which was presented at a recent meeting of the Medico-Chirurgical Society, and published in the February (1903) issue of "The Medical Critic," the writer reported six cases of tumor of the brain which had been under his personal observation.

Among the symptoms of brain tumor, Dr. Booth regards headache, vomiting, vertigo and optic neuritis as the most important. Headache is the most frequent. It is usually the first to attract attention, and is very often the symptom which is most distressing to the patient, and that which most urgently demands relief. In some cases the pain is dull and boring; in others, shooting and neuralgic in character. It is such a common symptom, and may be due to so many different conditions, that, alone, it is not of much diagnostic importance, unless associated with other general symptoms. In some cases the pain corresponds more or less closely, and in a few cases most accurately, to the position of the tumor, but is not, as a rule, of great localizing value. Localized pain, with tenderness on pressure, suggests very strongly that the tumor is superficial, and that the bone or membranes are affected.

Vomiting.—Next to headache and optic neuritis, vomiting is probably the most common symptom, and is often very severe and distressing. The chief characteristic of the vomiting is that it occurs without obvious cause, at irregular intervals, and that it does not necessarily have any fixed relationship to the ingestion of food or drink, frequently coming on in the early morning hours when the patient first rises. The diagnostic value of vomiting in cases of cerebral tumor does not amount to a great deal, *per se*, unless derangements of the stomach and other abdominal causes are absolutely excluded.

Vertigo.—This is another very common symptom met with in these cases, and may be either slight and transitory, or both persistent and severe. Tumors situated in the cerebellum, or at the base of the brain, are generally attended with vertigo. Its diagnostic value is less than either of those just mentioned.

Optic Neuritis.—Of all the symptoms, double optic neurosis is the most important, because it is an objective sign which does not depend upon the statements of the patient; also, because it is found in the majority of cases, at some period or other of the disease; and finally, unlike the other general symptoms, it is one not commonly produced by other conditions.—*Med. Examiner.*

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#### EVIDENCE OF A PHYSICIAN'S ACCOUNT.

A number of cases have been recorded in which the physicians have lost suits because of the peculiar method of keeping books. The ordinary visiting-list with arbitrary signs to indicate the nature of the services has been held inadmissible in

evidence. If the physician testifies that he has to rely upon the book for his knowledge of what the services were, he is sometimes nonsuited.

A case recently decided by the Supreme Court of Massachusetts covers this ground, holding that a man may keep his books as he chooses, and may use them to refresh his recollection, the jury judging of the value of the evidence. The action (*Mayberry vs. Holbrook*) was brought by a physician to recover for 126 professional calls. At the trial, with his books before him, he testified on his examination in chief that he had made that number of calls. On cross-examination he testified that he did not have these calls in his memory, and that without looking at the books he could not tell their number. It would not appear that the books were put in evidence. The party sued denied that any calls were made, and on this point the judge instructed the jury: "I am reminded by counsel that he does not desire to admit that the services were rendered as charged, and it is said that the plaintiff having testified that he could not now state from memory independent of his books that he did render services as charged in the bill, but he states that he did render them as charged in the bill. He also states that he relies on his books. He does not state that the books refresh his recollection so that he can now have a distinct recollection of all those items, but that is not necessary. If the books enable him to say on his oath that the charge was as the books have it, that would be sufficient. If from the plaintiff's method of keeping the books he is able to say from the entries as he inspects them that the facts are as there entered, that is competent evidence, and it is only for you to say what its weight is."

The Supreme Court held that these instructions were correct and applicable, and overrules the objections of the party sued, the physician having had judgment.—*Medicine*.

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#### HEART FAILURE IN DIPHTHERIA.—*Dr. Fenton in Canada Pract.*

The writer has seen a number of cases of heart failure following or during the attacks of diphtheria. In every case there occurred, at longer or shorter periods before death, a group of symptoms which appeared to bear a definite relation to the cardiac conditions. Cardiac failure may arise during the second or third week of the disease, but may be met with earlier, or it may be delayed for a month or more. Some patients die suddenly and without warning, usually during exertion or excitement, but in the majority of cases there are premonitions

which antedate the fatal issue, for a period varying from hours to days.

The first indication of approaching trouble is abdominal pain, usually in the epigastric region, but it may be referred to the umbilicus. The pain is of moderate severity, though usually sufficient to make a child cry out. At times it may be so slight as to pass almost unnoticed, while in some cases it is intense. In a child of fourteen years, the pain extended to the precordium and radiated to the left shoulder and arm, as it does in angina pectoris. Though pale and depressed during the attacks of pain, the child may appear quite well in the intervals. Occurring with the pain there is frequently vomiting. The pulse is always disturbed during the attack of pain. It may be either increased or decreased in frequency, more frequently the latter. During the intervals between the pains, the weakened pulse may be the only indication of trouble, though even this may improve if the attacks of pain are not severe or close together. The weakness of the heart is in striking contrast to the preservation of the muscular strength of the body generally.

The writer has been so much impressed with these attacks of "colic" that he has come to regard the occurrence of abdominal pain in diphtheria as an almost hopeless sign. In three cases he has observed pain in the stomach before convalescence was established, but with little other disturbance. In two of these the pain recurred during convalescence, but before the patients were out of bed, this time having the other symptoms as already detailed. One of these proved fatal in two days, the other recovered after tedious convalescence of three months, weakness of the heart being very marked, and at times alarming. In the third case there was no recurrence of pain, but the heart remained weak for several weeks, during which time the boy was confined to bed. The two recoveries mentioned are the only cases which terminated favorably out of eight having this symptom-grouping.—*Medicine*.

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#### DIABETES IN A CHILD OF ELEVEN YEARS.

E. Rist reports this case in a male child, with a history of excellent health except for varicella at six months. Eight days before coming under observation the boy suffered an attack of indigestion due to an indiscretion of diet. From this day there was loss of appetite, unquenchable thirst, abnormally abundant



urine with loss of flesh. The condition became rapidly worse with abdominal pain, vomiting, constipation, drowsiness and suppression of urine, followed by abolition of reflexes, unequal pupils, irregular respiration and coma. The urine withdrawn by catheter gave a typical reaction with Fehling's solution, and the child died twelve hours after entrance to the hospital. The results of autopsy were absolutely negative, there being no lesions in any organs. The meninges showed intense congestion. It is impossible to draw any conclusions as to the significance of the indigestion. In the absence of nervous and pancreatic lesions, one might think of an alimentary intoxication.—*Archives Pediatrics*.

[A few months ago we were called to a boy of twelve in a state of complete collapse. There was a cadaveric odor of the breath, vomiting, dilated and immobile pupils, cold, clammy sweat, rapid pulse and all the signs of impending dissolution. Seeking for an explanation for this sudden collapse, we ascertained that for some weeks the child had been passing an abnormally large amount of urine, the older brother having called the attention of the parents to the fact. Emaciation was extreme. No attention was paid to the fact, as the child had a good appetite and went about during the day, though sleep was disturbed by reason of the frequent calls for urination. Securing some of the urine, it gave a very pronounced reaction to Fehling's solution. The child died in about twenty-four hours. All cases of diabetes seen by us in childhood have proved rapidly fatal; though none so rapid as the case just cited.—w. N. M.]

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An exchange discussing sleeps says: "Cervantes calls it 'meat for the hungry, drink for the thirsty, money that buys everything.' Keats regards it as the 'great key to the golden palaces,' and Shakespeare as 'Nature's soft nurse,' and 'sleep that knits up the raveled sleeve of care;' while Young characterizes it as 'tired Nature's sweet restorer.' It is health's greatest promoter and one of the surest guarantees of happiness. Money is desirable, wisdom should be acquired, friends are to be cherished, but these without blessed sleep would be but so many mockeries. The lesson then is to live that sleep will be a constant and cheerful guest. One's habit of life—eating, drinking, employment, and associations—have much to do, have almost everything to do, in the way of inviting or repelling sleep."—*Medical Age*.

# Eclectic Medical Institute.

(Complete Announcement may be obtained by addressing the Secretary.)

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\* Arranged in order of seniority of appointment.

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*Professor of Electro-Therapeutics and Physical Diagnosis.*

KENT O. FOLTZ, M. D., 105 Odd Fellows' Building, City,  
*Professor of Didactic and Clinical Ophthalmology, Otology,  
Rhinology, and Laryngology.*

CHARLES GREGORY SMITH, M. D., 224 Dorchester ave., City.  
*Professor of Chemistry.*

WILLIAM B. CHURCH, M. D., The Berkshire, 628 Elm st. City,  
*Professor of Didactic Surgery.*

EDWIN R. FREEMAN, M. D., N. E. cor. 7th and John sts., City.  
*Demonstrator of Anatomy.*

JOHN L. PAYNE, M. D., 805 Freeman ave., City,  
*Lecturer on Hygiene and Demonstrator of Histology, Path-  
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*Clinical Instructor in Medical Diseases of Women and Children,  
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*Clinical Instructor in Medicine.*

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*Clinical Instructor in Diseases of the Eye, Ear, Nose and Throat.*

GEORGE H. KNAPP, M. D.  
*Assistant in the Medical Clinic.*

D. M. ULERY, M. D.  
*Assistant in the Eye, Ear, Nose and Throat Clinics.*

D. C. ARNDT, M. D.  
*Assistant in Obstetrical Clinic.*

## ANNOUNCEMENT

### Session of 1905-1906.

**NOTE.**—These regulations refer particularly to new students and graduates of the years 1906, 1907, 1908, and 1909.

#### ***Matriculation.***

The Eclectic Medical Institute is open for matriculation to well qualified young men and women who have attained the age of 17.

This College does not solicit the matriculation of negro students, believing that they can be better educated in institutions devoted exclusively to their race.

#### ***The Sixty-First Annual Session.***

The sixty-first annual session of the Eclectic Medical Institute will begin on Monday, September 18, 1905, and continue thirty weeks, until April 18, 1906.

#### ***Entrance Examination.***

An entrance examination will be held on Saturday, September 25, at 9 A. M., according to the rules of the American Medical College Association, for students who have no credentials and who intend practicing in Southern and Western States, conducted by an authorized examiner, not connected with the faculty. Students who expect to practice in any Northern or Eastern State must comply with the exact requirements of such State (see page 275). This will embrace the usual studies of a graded high school course, including:—1. An English composition of not less than 200 words, grammar and rhetoric. 2. Higher arithmetic. 3. United States history. 4. Geography, \*5. Elementary physics. \*6. Latin prose.

Students conditioned in one or more of the branches enumerated above, will be given until the beginning of the second year to make up such deficiencies, provided that students who fail in any of the required branches of this second examination shall not be admitted to a second course.

Examinations to determine the standing of students who have attended elsewhere, and for removing conditions of first, second, or third year students, will be held by the respective professors before October 1st.

Students who have attended two or three sessions elsewhere will be examined in Anatomy, Chemistry, Physiology, Principles of Medicine, Hygiene, and Materia Medica. Students passing a majority of

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\*Students can secure instruction in these branches during their freshman year.

these subjects will be entitled to enter, and make up the deficiencies in addition to the regular year's work. Pass grades will be accepted from certain accredited medical colleges.

Graduates of accredited medical colleges will be admitted to the senior year without examination.

### ***Term Examinations.***

Throughout the entire course daily examinations or quizzes are held by the professors, thus aiding the student's memory and assuring his continued advancement. The Freshman, Sophomore, Junior and Senior examinations will be held in writing, beginning April 9, and at no other time. Candidates for examination can be examined only at this time.

### ***No Private Quiz Classes.***

All the instruction in this College is given in the regular lectures and regular, every day quizzes. No private classes for which students must pay an additional fee are allowed. There are no special courses to add to the student's expense. In many colleges the extras are said to approach the cost of regular tuition.

### ***Reading Medicine.***

It is our experience that the sooner the student attends his first course of lectures the better he will read medicine in the physician's office. In the college he learns how to study and what to study, and will usually make as much progress in one session as in three years of ordinary reading. Our best students are those who commence with a course of lectures, and continue their attendance session after session until graduation. Some very successful physicians received their entire education in the college, without any office instruction.

It is quite advisable for students to take a short course of study under a preceptor at home, or medical reading without the help of a physician, and they are earnestly advised to confine themselves to the following text-books:

1. Elementary Physics—*Avery's Physics.*
2. Chemistry—*Simons' Chemistry.*
3. Physiology—elementary parts, circulation, respiration, etc.—*Kirke's Handbook of Physiology.*
4. Osteology and General Anatomy—*Gray.*
5. Specific Diagnosis and Specific Medication—*Scudder.*
6. Materia Medica—*Locke.*
7. Latin—*Robinson's Latin Grammar of Medicine and Pharmacy,*

**State Laws.**

Each matriculate must study medicine four years, and take four annual courses of lectures of at least six months each, before he can practice medicine in Colorado, Nevada, New Mexico and Wyoming.

No graduate can practice medicine in Alabama, Arkansas, Arizona, Connecticut, California, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Indiana, Illinois, Indian Territory, Iowa, Kentucky, Kansas, Louisiana, Massachusetts, Maine, Michigan, Missouri, Minnesota, Maryland, Montana, Nebraska, New Hampshire, N. Jersey, New York, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, S. Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia and Wisconsin, without undergoing an examination before a State Board in addition to having the requirements before mentioned. Our diplomas are recognized, and are everywhere on an equality with those of any college in the United States.

**FEES.**

For Single Session's Tuition.....\$75.00

Chemical Laboratory Course..... Free

Histological and Pathological Course..... Free

No extra charge for Matriculation or Demonstrator's fees, or for dissecting material.

Scholarship Fee.....\$250.00

(This includes all the foregoing, and is good for four or more sessions. It can be paid in three instalments: at the beginning of the first session, \$100.00; second session, \$100.00; third session, \$50.00. It is transferable for two sessions if the holder has matriculated for one session; or transferable for one session if he has matriculated for two sessions.)

Graduation Fee (returnable in case of failure)..... 25.00

Cincinnati Hospital Ticket..... 5.00

Post-Graduate Instruction, per month..... 15.00

The fees are cash in all cases.\*

**System of Scholarships.**

That there may be no excuse for poor attainments and possible failure, the College has provided a system of scholarships which enables the student at a moderate cost to attend college until he is thoroughly prepared. Not only this, but a full seven months' course of instruction each year is provided, with apparatus and instruction in the use of the same by earnest, educated teachers who assist at every step. The scholarship of \$250.00 includes all the fees for lectures and demonstrator's fees in anatomy, chemistry and microscopy. This scholarship is transferable under the conditions previously noted.

\* Under no circumstances are fees returnable. Single session tickets are not transferable. Students can, however, make up lost time in any future session without extra charge.

***Hospital and Clinical Facilities.***

Students have two hours of clinical instruction daily in the Cincinnati Hospital. In addition to this there will be clinical instruction two hours in the College building daily upon diseases of the eye, ear, nose and throat, diseases of the skin, medical and surgical diseases of women and children, general surgery and medicine, and physical diagnosis.

Facilities for the care of surgical patients have been provided, and operations will be performed before the class. Physicians will recollect that all medical treatment before the class is free of charge, and that, in surgical cases the charge will only be sufficient to cover the necessary attendance after operation.

The Seton Hospital, constructed at an expense of \$90,000, is conducted by the Sisters of Charity, and is located at 640 West Eighth street, near Cutter. The building, a large stone-front structure, is located on a lot fronting 63 feet on Eighth street, and running 200 feet through to Ninth street, thus giving a double frontage and excellent light and ventilation.

The Eclectic Medical Institute added a three story wing to the building, consisting of twelve rooms, a fine, modern operating room and clinical amphitheater for the presentation of medical and surgical cases before the College class. In this operating amphitheater, cases are brought exclusively before students of our College, thus affording us an excellent opportunity to demonstrate the many advantages of Eclectic medication and the exactness of our surgeons. Demonstrations before the class take place Wednesdays and Saturdays throughout the College year, and at other times by appointment.

Seton Hospital is heated by steam. It has hard-wood floors and open plumbing, and most excellent sanitary arrangements, insuring good accommodations for patients. All classes of cases will be taken, barring, of course, contagious diseases. There are no wards in the Hospital, each patient having the benefit of his own exclusive room. The total cost of room, board and nursing ranges from \$10.50 to \$21.00 per week.

A limited number of charity patients will be taken. The medical and surgical service furnished by the various members of the faculty of this College is absolutely free, where the patients contribute in a clinical way to our classes.

Information regarding rooms and board can be secured by addressing John K. Scudder, M. D., [1009] Plum street, Cincinnati.

***Clinical Amphitheater.***

Owing to the rapid growth and enlargement of the dispensary service, the room formerly devoted to clinical purposes became too small, and a large amphitheater was constructed in 1894: the base-

ment and first floor of the College building have been remodeled, fitted up for clinical use, and supplied with all the modern appliances for the examination of patients, and for systematic clinical instruction.

### *Dissections.*

Under the new anatomical act, dissections are legalized in this State, and the bodies of persons from public institutions are given to the medical colleges. Dissecting material will be abundant the coming winter, and students will be enabled to make three or more dissections.

### *Y. M. C. A.*

The college department of the Young Men's Christian Association meets once a week in the College, at which speakers of public note address the meeting. All students are eligible to membership. New students are especially invited. A bureau of information for assisting new students in procuring rooms, etc., can be found at the College. There will be a committee of students at the College during the week previous to the opening of the session, to aid new students in securing suitable rooms, boarding, etc. This committee will arrange to meet students at the railroad depots, if the time of arrival is sent to the President of the Y. M. C. A., Mr. E. G. Padgham, 1009 Plum street.

### *Athletics.*

The Athletic Association of the College is made up of representatives of the various classes, with the Secretary of the College ex-officio. It has charge of the Foot-ball and Basket-ball Teams. The officers for 1905 and 1906 are as follows: President, S. A. Brown, '06; Vice President, Carl W. Beane, '07; Secretary, J. T. Bowman, '07; Treasurer, George H. Candlin, '06.

The Foot-ball Team of 1904 embraced A. M. and Byron Van Horn, J. D. Keiper, Wood, Pritchard, Barry, N. and E. G. McLaughlin, Cunningham, Dahm, Wilson. The team was managed by H. A. Martin.

The team for 1905 will be under the management of George M. Bennett, '07. His address during the summer will be 1009 Plum st. Cincinnati, and he is desirous of corresponding with new candidates. Photo engravings of the teams for 1902 and 1903 have been published in the Eclectic Medical Journal.

The Basket-Ball Team of 1904-5 consisted of C. R. Campbell, Manager; E. K. Conrad, Captain; A. J. Johnson, S. A. Brown, D. E. Bronson, W. B. Cunningham. Substitutes, C. M. Hoag, N. McLaughlin, and J. T. Bowman. C. M. Hoag, '07, will be manager of the team for next year. A photo engraving of the 1904 team was published in the April 1905 issue of the Eclectic Medical Journal.



***Boarding.***

We take special pains to select boarding in private boarding houses, where students will have all the comforts of a home, and at the same time have a quiet room in which to pursue their studies. Board and room can be had at from \$3.00 to \$5.00 per week. To accommodate those of limited means, rooms can be procured in which students can board themselves, bringing their expenses below three dollars per week. Those who intend to pursue this latter course will do well to write two or three weeks in advance, and bring a sufficient quantity of bed covering.

***Information.***

Students arriving by railroad will do well to take the omnibus ticket, and have their baggage taken immediately to the College building, Court and Plum streets, where they will get all necessary information in regard to board and matriculation.

Letters to students must be addressed, "Care of Eclectic Medical Institute, No. 1009 Plum street." But money packages by express, and letters containing valuables, should be addressed to the care of John K. Scudder, M.D., thus preventing trouble in identification and danger of loss. Arrangements have been made with the City Hall Bank to receive on deposit the money of students. The attention of the student is particularly called to this paragraph, as it may save much trouble, if not actual loss.

For further information address—

JOHN K. SCUDDER, M. D., SECRETARY.

1009 Plum St., Cincinnati, O.

Long Distance Telephone, Canal 2062.

## REGULATIONS.

### *Requirements of Entrance—Certificate of Study.*

For matriculation the Faculty requires:—

1. A certificate of good moral character.
2. Diploma of graduation from (a) graded high school, (b) normal school, (c) seminary, (d) literary or scientific college, (e) university, (f) evidence of having passed the matriculation examination to a recognized literary or scientific college, or (g) a medical student's certificate secured from a state medical board.
3. Students desiring to practice in Ohio, New York, Pennsylvania, Indiana, Kentucky or Michigan, must conform to the regulations given below.†
4. Students matriculating for subsequent practice in other states, and who lack one of the foregoing educational qualifications, may take an examination before an authorized examiner, not connected with the Faculty, as follows:—1. An English composition of not less than 200 words—grammar and rhetoric. 2. Higher arithmetic, 3. United States history. 4. Geography. \*5. Elementary physics. \*6. Latin prose.

Students must have an elementary knowledge of Latin.\*

† OHIO.—Matriculates who will be applicants for registration in the State of Ohio must possess:—a diploma from a reputable college granting the degree of A. B., B. S., or equivalent degree; a diploma from a normal school, high school or seminary, legally constituted, issued after four years of study; a teacher's permanent or life certificate; a medical student's certificate issued upon examination by a State Board; or a student's certificate of examination for admission to the Freshman class of a reputable literary or scientific college.

These credentials must be presented to Prof. J. M. Burnham, prior to September 21.

Or a certificate of having passed an examination conducted under the direction of the State Board of Medical Registration and Examination of Ohio, by certified examiners, none of whom shall be either directly or indirectly connected with a medical college.

This latter examination will be held by Prof. J. M. Burnham, September 23 and 24 for Cincinnati students. Fee, \$2.00. The examination will embrace: Foreign Language—two years of the Latin Language—English Literature, Composition, and Rhetoric. History—United States History and Civics, with reference to the constitutional phases of American History. Mathematics—Algebra through Equations and Plane Geometry. Science—Botany or Zoology, Physiography or Chemistry, and Physics. Further particulars will be sent on request.

NEW YORK.—A Regents' medical students' certificate, granted on 48 counts. Particulars from Regents' office, Albany, N. Y.

PENNSYLVANIA.—(a) High school, normal school, seminary or literary college diploma. (b) Certificate of examination in ten branches under seal of principal or county superintendent. Or (c) Entrance examination before State Board in Pittsburgh or Philadelphia.

INDIANA.—(a) High school, normal, or college diploma. Or (b) an entrance examination in ten high school branches before Prof. Hufford, at Indianapolis, Sept. 12, 1906.

KENTUCKY.—High school, normal or college diploma, or examination at Louisville in United States history, arithmetic, and algebra—one year's Latin and physics.

MICHIGAN.—High school, normal or college diploma, or an examination at Detroit, Grand Rapids, Hillsdale, or Bay City, in ten branches of a high school course.

\*Students who cannot offer Latin or Physics will be given an opportunity of studying same during the first year at the College.

Students conditioned in one or more of the branches enumerated above will be given until the beginning of the second year to make up such deficiencies, provided that students who fail in any of the required branches of this second examination shall not be admitted to a second course. These requirements for admission are in accord with those of the American Medical College Association.

Students *must* comply with the State Board requirements of the State in which they wish to practice.

Graduates of a recognized literary college, and students who have attended one annual session at an accredited medical college, are admitted as second year students.

Students who have attended two annual sessions elsewhere are admitted to the third year course on credentials. Graduates of accredited medical colleges are admitted to the fourth year without examination. (See page 270.)

#### ***For Graduation.***

Students applying for graduation must be at least twenty-one years of age, and must have read medicine four years, and attended four annual sessions of not less than thirty weeks each, the last of which, at least, must have been in this College.\*

Time of reading includes college attendance. All students must have taken the chemical, histological, and pathological laboratory courses, attended the clinical lectures in the Cincinnati Hospital during two sessions, the college clinics during at least two sessions, have dissected at least half of a cadaver, and taken the practical course in obstetrics and surgery. The candidate must notify the dean six weeks prior to the end of the session of his intention to take the final examinations, must submit an original thesis on some subject pertaining to medicine (embracing from ten to forty pages of thesis paper), must have previously paid all fees, must at this time deposit the graduation fee (returnable in case of failure), and must pass satisfactorily the term as well as the final examinations.†

The judgment of the Faculty upon the fitness of candidates is based on their knowledge of their general attendance, industry, character, and general habits, as well as upon the results of their final examinations.

A rejected candidate may be re-examined, at the discretion of the Faculty, after having attended a half or full additional session. Each graduate, at the close of the session, will be required to attend the Commencement exercises, and personally receive his diploma. No honorary diplomas are issued by the Eclectic Medical Institute.

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\* To constitute a full term or session the absence should not exceed one month in the aggregate.

† Students who have matriculated here in years past can not, under any circumstances, claim graduation under requirements then in force.

***Commencement Exercises.***

General arrangements in regard to the Commencement Exercises are left to a majority vote of the class. But all action in regard to invitations, class pictures, or wearing of caps and gowns, is subject to the approval of the Faculty Committee. The entire class must comply with all the established regulations made by the majority of the class for the Commencement Exercises.

***Rules Governing the Standing of Students and Examinations.***

1. The standing of each student in each chair will be determined by the professor or instructor in charge of the chair, and the grade will be made up from the marks received during the session in oral quizzes, in written quizzes, and final term examination.

2. The grades will be made upon the scale of 100: 90 to 100, passed with distinction; 80 to 90, passed well; 70 to 80, passed; 60 to 70, conditioned; below 60, failed. The passing mark from one year to another will be a general average of 75 per cent.

3. Students of the first, second, and third years, who are conditioned, must have a written examination in those branches in which they are deficient, immediately before the opening of the succeeding session, upon the date mentioned in the calendar. If the student fail upon any branch at the written examination, he shall be required to repeat the study of the preceding year.

4. There shall be no re-examination of unsuccessful candidates for the degree of M. D. until the close of the ensuing session, and the said candidate will be required to attend the instruction during a subsequent session on such branches as may be determined, before he will be eligible for re-examination.

5. Candidates for graduation must secure a general average of 75 per cent., the final examination in each branch for the entire course being considered on the basis of hours per week.

***Rules of Conduct.***

1. Students are required to observe such rules of decorum and orderly conduct in the lecture rooms, laboratories, and halls of the college, as would be expected of a gentleman.

2. All students are required to be regular in their attendance and in their seats in the lecture room at the proper time, in order that there may be no interruption after the entrance of professor or lecturer.

3. All damages done to the college property must be made good by the individual doing the damage.

4. Students will be assigned seats on matriculation, for the good care of which they will be personally responsible.

5. Infringement of these rules will subject the student to a private reprimand, to a public reprimand, or temporary suspension by the Dean, as the nature of the case in his judgment requires, or expulsion from the college when concurred in by the Trustees.

## LIST OF MATRICULATES.

### SENIORS—Class of 1905.

| NAMES.                        | PRECEPTOR.              | STATE.    |
|-------------------------------|-------------------------|-----------|
| Backus, Charles B.....        | E. M. Institute,        | W. Va.    |
| Barry, George A.....          | Dr. J. W. Barry,        | Ohio.     |
| Barry, John W. Jr.....        | Dr. J. W. Barry,        | Ohio.     |
| Bennet, Pearl R.....          | Drs. Bennet & Baldrige, | Indiana.  |
| Blagg, J. Emmett.....         | Dr. Allen Bush,         | W. Va.    |
| Boram, Alta M.....            | E. M. Institute,        | Indiana.  |
| Boram, Harry B.....           | E. M. Institute,        | Indiana.  |
| Conrad, George W.....         | Dr. G. E. Conrad,       | Penn'a.   |
| **Dash, George E.....         | Dr. J. H. Ashabranner,  | Indiana.  |
| Doolittle, Carl A., M. D..... | Practitioner,           | N. York.  |
| Elliott, Robert A., Ph.G..... | Dr. W. S. Turner,       | Ohio.     |
| **Ellsworth, William A.....   | Dr. L. E. Brayman,      | Ohio.     |
| Faler, Augustus L., Ph.G..... | E. M. Institute,        | Ohio.     |
| Gamble, Ernest R.....         | Dr. J. J. Brower,       | Ohio.     |
| Hildebrand, J. H., M. D.....  | Practitioner,           | Penn'a.   |
| Jackson, John M.....          | Dr. R. L. Jackson,      | Kentucky  |
| Jeancon, Etta C.....          | Dr. C. A. Jeancon,      | Kentucky  |
| Johnson, C. Ellis....         | Dr. B. F. Bennett,      | Kentucky  |
| Johnson, Frank Leslie.....    | E. M. Institute,        | Kentucky  |
| Jones, Percy L.....           | Dr. W. C. Shriner,      | Kentucky  |
| Kyser, Charles Fred.....      | Dr. J. A. Archer,       | Kansas.   |
| McGinnis, George W.....       | Dr. B. F. Bennett,      | Kentucky  |
| McKinney, Walter L.....       | Dr. J. B. King,         | Ohio.     |
| Marshall, William J.....      | E. M. Institute,        | Penn'a.   |
| Martin, Harry A., Ph.G.....   | Dr. I. M. Shrader,      | Ohio.     |
| Martin, Hiram B.....          | Dr. J. P. Soliss,       | Illinois. |
| Miller, G. Elmer.....         | Dr. R. R. Anderson,     | Ohio.     |
| Miller, John W.....           | Dr. B. F. Bennett,      | Kentucky  |
| **Otto, Charles J.....        | Dr. James Hays,         | Ohio.     |
| Price, Harmon E.....          | Dr. G. S. Couch,        | Illinois. |
| Sawyer, Reuben E.....         | Dr. M. E. Daniel,       | Ind. Ter. |
| Sheerer, Walter W.....        | Dr. J. F. Blanchard,    | Illinois. |
| Steinhauser, William.....     | Dr. Colon Beck,         | Ohio.     |
| Stockfleth, Peter H.....      | E. M. Institute,        | Missouri. |
| Vance, Fred. W.....           | Dr. G. O. Brown,        | W. Va.    |
| Van Horn, Allison M.....      | Dr. W. S. Van Horn,     | Ohio.     |

\*\* Interne Seton Hospital—1904-1905.

|                                  |                     |           |
|----------------------------------|---------------------|-----------|
| Van Horn, Byron.....             | Dr. W. S. Van Horn, | Ohio.     |
| White, Thomas E.....             | Dr. C. B. White,    | Georgia.  |
| Wieland, Wilhelmina A., M. D.... | Practitioner,       | Illinois. |
| **Wolf, Charles M. L.....        | Dr. W. T. Gemmill.  | Ohio.     |
| Total, 40.                       |                     |           |

## JUNIORS—Class of 1906.

| NAME.                           | PRECEPTOR.             | STATE.    |
|---------------------------------|------------------------|-----------|
| *Bettencourt, Manuel F. jr..... | Dr. L. S. Downs,       | Texas.    |
| Bradstreet, Samuel W. jr.....   | Dr. M. W. Dawley,      | N. York.  |
| *Bronson, Dellett E.....        | Dr. E. S. Bronson,     | W. Va.    |
| Brown, Sloan A., Ph. B.....     | Dr. Nannie May Sloan,  | Penn'a    |
| Campbell, Charles R.....        | Dr. R. O. Campbell,    | Ohio.     |
| Candlin, George H.....          | E. M. Institute,       | Colorado. |
| Conner, Halstead A.....         | Dr. W. C. Underwood,   | Ohio.     |
| Conrad, Earl K.....             | Dr. G. E. Conrad,      | Penn.     |
| Cunningham, Wm. B., B. A.....   | Dr. Nannie May Sloan,  | Penn'a.   |
| Dewey, Alburton A.....          | Dr. C. T. Guillaume,   | N. York.  |
| Eastham, J. George.....         | Dr. L. M. Campbell,    | W. Va.    |
| Granau, George H.....           | E. M. Institute,       | Iowa.     |
| Gregg, George W.....            | Dr. J. A. Hawley,      | N. York.  |
| Hazen, Merl V.....              | Dr. J. H. Hazen,       | Penn'a.   |
| *Hudson, Charles L.....         | Dr. C. D. Hudson,      | Texas.    |
| Johnson, Arthur J.....          | Dr. G. S. Couch,       | Illinois. |
| Keiper, Jacob D.....            | Dr. F. J. Livingstone, | Penn.     |
| Kling, Henry A.....             | Dr. W. C. Shriner,     | Ohio.     |
| Martin, Ira N.....              | Dr. C. E. Martin,      | Illinois. |
| Miller, Glenn E.....            | Dr. A. G. Miller,      | Indiana.  |
| Moore, John R.....              | E. M. Institute,       | Penn.     |
| Nichols, W. Ellis.....          | Dr. B. F. Bennett,     | Kentucky  |
| North, Edward A.....            | Dr. W. C. Cooper,      | Kentucky  |
| Padgham, Ethelbert G.....       | Dr. R. W. Padgham.     | N. York.  |
| Power, Julia C.....             | E. M. Institute,       | Iowa.     |
| *Rank, Auldy T.....             | Dr. J. W. Kannel,      | Ohio.     |
| Reefy, Karl P.....              | Dr. P. D. Reefy,       | Ohio.     |
| Rhein, Alfred E.....            | Dr. E. R. Baldrige,    | Indiana.  |
| Rinehart, Archie B.....         | Dr. L. S. Riggs,       | W. Va.    |
| Sidener, Thomas T.....          | Dr. W. S. Turner,      | Ohio.     |
| Smith, Clifford G.....          | Dr. Harry E. Dwire,    | Ohio.     |
| Sponseller, Fred M., B.S.....   | E. M. Institute,       | Ohio.     |
| Thiel, John N.....              | Dr. J. W. Thiel,       | Ohio.     |
| Waltermire, Tell C.....         | Dr. W. N. Mundy,       | Indiana.  |
| Werner, Harry R.....            | Dr. W. L. Werner,      | W. Va.    |
| Wilson, Victor P.....           | Dr. M. A. McKendree,   | Ohio.     |
| Total, 36.                      |                        |           |

**SOPHOMORES—Class of 1907.**

| NAME.                             | PRECEPTOR.                 | STATE.    |
|-----------------------------------|----------------------------|-----------|
| Beane, Carle W.....               | Dr. B. F. Beane,           | Ohio.     |
| Bell, Vandiver L.....             | Drs. A. P. & R. B. Taylor, | Ohio.     |
| Bennett, George E.....            | Dr. C. W. Seely,           | N. York.  |
| Blough, Elijah Robert, Phar. D... | Dr. A. L. Yoder,           | Penn'a.   |
| Bowles, J. Locke.....             | Dr. S. G. Backus,          | W. Va.    |
| Bowman, Jacob T.....              | Dr. E. F. Bittner,         | Penn'a.   |
| Buten, Edward John.....           | E. M. Institute,           | Kentucky  |
| Dahm, Howard C.....               | Dr. W. J. Crawford,        | Ohio.     |
| †Dickinson, Joshua Clifton.....   | Dr. J. P. Harbert,         | Ohio.     |
| †Duncan, Charles H., A. B.....    | E. M. Institute,           | Kentucky  |
| Glass, Earl F.....                | Dr. D. H. Edwards,         | W. Va.    |
| Hartwig, Wm. B.....               | E. M. Institute,           | W. Va.    |
| †Hays, Lee A.....                 | Dr. Bishop McMillen,       | Ohio.     |
| Hoag, Charles M.....              | Dr. J. Clyde Huntley,      | Arkansas  |
| Hodge, Otto.....                  | E. M. Institute,           | Kentucky  |
| Horner, Charles E.....            | E. M. Institute,           | Kentucky  |
| Jenner, Allen C.....              | Dr. E. L. Palmer,          | Illinois. |
| Kahle, Harold.....                | E. M. Institute,           | Penn'a.   |
| McLaughlin, Earl G.....           | Dr. C. H. Dyer,            | Illinois. |
| McLaughlin, Nelson.....           | Dr. Louis E. Cook,         | Ohio.     |
| Marshall Pliry M.....             | E. M. Institute,           | Penn'a.   |
| O'Hara, P. Henry.....             | Dr. W. H. Swisher,         | Ohio.     |
| Pohlmeyer, Herman F., B.L.....    | E. M. Institute,.....      | Ohio.     |
| Rausch, Daniel E.....             | Drs. Morris & Smith,       | Ohio.     |
| Saxton, Jesse J.....              | Dr. D. E. Saxton,          | Florida.  |
| Shafer, Joseph C.....             | Dr. E. L. Palmer,          | Illinois. |
| Thornbury, J. Walter.....         | Dr. J. H. Thornbury,       | W. Va.    |
| Van Horn, Nelle.....              | Dr. W. S. Van Horn,        | Ohio.     |
| Whitacre, Geo. D.....             | Dr. O. C. Whitacre,        | Ohio.     |
| Winter, Emil G.....               | Dr. G. G. Winter,          | Indiana.  |
| Wood, Byron W.....                | Dr. L. O. Wood,            | Kentucky  |
| York, William.....                | Dr. J. F. York,            | W. Va.    |
| Total, 32.                        |                            |           |

**FRESHMEN—Class of 1908.**

| NAME.                  | PRECEPTOR.        | STATE.    |
|------------------------|-------------------|-----------|
| Bach, Julius Emil..... | E. M. Institute,  | Kentucky  |
| Basinger, Adam P.....  | Dr. P. D. Bixel,  | Ohio.     |
| Bowers, Jesse W.....   | Dr. J. W. Kannel, | Ohio.     |
| Crum, John R.....      | Dr. L. E. Cook,   | Ohio.     |
| Dyer, W. Kirt.....     | Dr. C. H. Dyer,   | Illinois. |

†Attendance incomplete.

|                            |                      |            |
|----------------------------|----------------------|------------|
| Finlaw, Fred. H.....       | Dr. J. P. Finlaw,    | N. Jersey. |
| Franklin, Lewis T.....     | Dr. B. L. Simmons,   | Tenn.      |
| Gilmore, Clarence A.....   | E. M. Institute,     | Illinois.  |
| Hamilton, Curtis C.....    | Dr. M. L. Hamilton,  | Indiana.   |
| Hampton, Ham. S.....       | Dr. H. J. Hampton,   | Florida.   |
| Hampton, Harvey J.....     | Dr. H. J. Hampton,   | Florida.   |
| Hess, Fred. E.....         | Dr. D. L. L. Yost,   | W. Va.     |
| Horswell, Erle W.....      | E. M. Institute,     | Ohio.      |
| Krumpelbeck, Albert C..... | Dr. J. W. Gage,      | Ohio.      |
| McCaffrey, Charles C.....  | Dr. H. F. Massey,    | Ohio.      |
| Martin, George W.....      | E. M. Institute,     | Illinois.  |
| Morgan, Charles G.....     | Dr. W. F. Crow,      | W. Va.     |
| Morgan, D. Edward.....     | Dr. W. J. Morgan,    | Kentucky   |
| †O'Dell Lee.....           | Practitioner,        | Penn'a.    |
| Oswald, Daniel F.....      | Dr. A. C. Ball,      | Ohio.      |
| Prichard, Allen C.....     | Dr. J. C. Banfield,  | W. Va.     |
| Sauter, George F.....      | Dr. G. W. Brown,     | Kentucky   |
| Saylor, Clinton T.....     | Dr. C. J. Hemminger, | Penn'a.    |
| Schrock, Wm. H. H.....     | Dr. J. M. Louthier,  | Penn'a.    |
| Seitz, William.....        | E. M. Institute,     | Ohio.      |
| Strong, Daniel S.....      | Dr. J. H. Baldrige,  | Indiana.   |
| Watson, Elmer E.....       | Dr. Allen Bush,      | W. Va.     |
| Total, 27.                 |                      |            |

## LIST OF GRADUATES.

| NAME.                       | SUBJECT OF THESIS.                                       | STATE.   |
|-----------------------------|----------------------------------------------------------|----------|
| BACKUS, CHARLES B.....      | Anesthesia.                                              | W. Va.   |
| BARRY, GEORGE A.....        | Influenza.                                               | Ohio.    |
| BARRY, JOHN W, Jr.....      | Tetanus.                                                 | Ohio.    |
| BENNET, PEARL R.....        | Carcinoma.                                               | Indiana. |
| BLAGG, J. EMMETT.....       | Laboratory Diagnosis as an<br>Aid to Clinical Diagnosis. | W. Va.   |
| BORAM, ALTA M.....          | The Doctor.                                              | Indiana. |
| BORAM, HARRY B.....         | Hydrotherapy.                                            | Indiana. |
| CONRAD, GEORGE W.....       | Scarlet Fever.                                           | Penn'a.  |
| DASH, GEORGE E.....         | The Germ, our Friend. our<br>Enemy.                      | Indiana. |
| ELLIOTT, ROBERT A., Ph. G.  | Small-pox.                                               | Ohio.    |
| ELLSWORTH, WILLIAM A.....   | Growths affecting the Nerve<br>Centers.                  | Ohio.    |
| FALER, AUGUSTUS L., Ph.G.   | Measles.                                                 | Ohio.    |
| GAMBLE, ERNEST R., A.B..... | The Man Wonderful.                                       | Ohio.    |



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|                            |                                    |           |
|----------------------------|------------------------------------|-----------|
| JACKSON, JOHN M.....       | Erysipelas.                        | Kentucky  |
| JEANCON, ETTA C .....      | Influenza.                         | Kentucky  |
| JOHNSON, C. ELLIS..        | Syphilis.                          | Kentucky  |
| JOHNSON, FRANK L.....      | Small-pox.                         | Kentucky  |
| JONES, PERCY L.....        | Counter Irritation.                | Kentucky  |
| KYSER, CHARLES F.....      | Bathing.                           | Kansas.   |
| McKINNEY, WALTER L.....    | Phthisis Pulmonalis.               | Ohio.     |
| McGINNIS, GEORGE W.....    | Pneumonia,                         | Kentucky  |
| MARSHALL, WILLIAM J.....   | Amputation of the Thigh.           | Penn'a.   |
| MARTIN, HARRY A., Ph.G.... | Aneurism.                          | Ohio.     |
| MARTIN, HIRAM B.....       | Croup.                             | Illinois. |
| MILLER, GEORGE E.....      | The Doctor, a Cosmopolitan<br>Man. | Ohio.     |
| MILLER, JOHN W....         | Tuberculosis.                      | Kentucky  |
| OTTO, CHARLES J.....       | Etiology of Disease.               | Ohio.     |
| PRICE, HARMON E.....       | Heredity.                          | Illinois. |
| SAWYER, R. ELLIS..         | Cholera Infantum.                  | Ind. Ter. |
| SHEERER, WALTER W.....     | Varicella.                         | Illinois. |
| STEINHAUSER, WILLIAM....   | Measles.                           | Ohio.     |
| STOCKFLETH, PETER H.....   | Burns and Scalds.                  | Missouri. |
| VANCE, WINFRED W. ....     | Tendency of Modern Medicine.       | W. Va.    |
| VAN HORN, ALLISON M.....   | Pneumonia and its Prevention.      | Ohio.     |
| VAN HORN, JAMES BYRON....  | Disinfectants.                     | Ohio.     |
| WHITE, THOMAS E.....       | Puerperal Septicemia.              | Georgia.  |
| WOLF, CHARLES M. L .....   | Sympathetic Nervous System.        | Ohio,     |
| Total, 37.                 |                                    |           |

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## RECAPITULATION.

|                 |     |
|-----------------|-----|
| Seniors.....    | 40  |
| Juniors.....    | 36  |
| Sophomores..... | 32  |
| Freshmen.....   | 27  |
| Total.....      | 135 |
| Graduates.....  | 37  |

## Eclectic Medical Journal.

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JOHN K. SCUDDER, M. D. MANAGING EDITOR.

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Articles on any medical topic are solicited, which will usually be published the month following their receipt. One hundred reprints of articles of four or more pages, or one dozen copies of the Journal, will be forwarded free if the request is made when the article is submitted. The editor disclaims any responsibility for the views of contributors.

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### DEATH OF W. B. SCUDDER.

William Byrd Scudder, M. D., third son of the late John M. Scudder, died at his home in Redlands, Cal., April 19, 1905. A more extended notice will appear later.

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### PROFESSIONAL HONESTY.

Much has been written about the code, the ethics and the professional honesty of men. We have met physicians in all walks of life and have seen and heard them do and say things in a professional line that they would not stoop to do outside of the profession.

If there is one thing above another that is discouraging and disheartening to a young physician, it is the dishonesty, unprofessional conduct, and uncharitableness of the older physicians in consultations and when he is called to see a brother practitioner's case in his absence. Physicians are, of course, human, and it is not supposed that they embody within themselves all the elements to strictly adhere to the Golden Rule; but, they can, if they will, be at least honest and decent, and not take advantage of the ignorance of the laity in medical topics, to do a brother an irreparable wrong and injustice, especially so when nothing substantial accrues to their benefit or advantage.

So far as professional courtesy and ethics are concerned, we have often thought that Article III. of the Constitution of our National ought to be repealed. It reads in part thus: "The members of the association shall exercise toward each other, toward all physicians, Eclectics especially, and toward all mankind, that courtesy and just dealing to which every one in his legitimate sphere is entitled, and any departure therefrom shall be deemed unprofessional, undignified and unworthy an honor-

able practitioner of an honorable profession," etc. It reads nicely, but, as a politician would say, it is a dead issue. Written for effect or show, not to be followed or enforced, simply padding. We have often felt inclined to come to the conclusion of one of our earlier patrons, who was urged to have a consultation on himself, "That consultations are a farce." Fortunately they are not always so, but a large number are, so far as the patient's welfare is concerned. They make admirable advertising opportunities for the consultant to advertise himself, and to tell of the large number of similar cases he has seen, and of the wonderful success he has had in just such cases.

What can be meaner than when the consultant takes the friends aside, out of the hearing of the attending physician, and tells the anxious friends of the shortcomings of the physician in charge? He is giving the wrong medicine! If you had not called me just when you did, the patient would have certainly died! He has no doubt privately agreed with the physician in charge of the case, and now seeks to take this unfair advantage simply because he has the opportunity. Farce, the word is too mild. It is damnable buncombe. Are you guilty? Have you ever had it played upon you? If so, you know how you felt, and do not play it upon another. Then to cap the climax, as you are leaving the home, to hear him say, "If you need me again, just let me know and I will come out!" Heavens! adding insult to injury. We have seen these things frequently, and have heard of them being practiced by men who would not stoop to do a dishonorable act otherwise. It has always seemed to us as bad as stealing from the pocket of your brother in the profession. We know the people like to be humbugged and that the mysterious strongly appeals to them, but do not do it at the expense of another, and for heaven's sake try to be honest or at least decent and charitable. Fortunately all consultations are not just as we have depicted; we have seen honest ones and met honorable physicians in consultation. Men who could and would be honest with the patient and physician in attendance as well. Unfortunately too many are just as we have depicted.

How often have you heard the expression: Dr. A was called to see Dr. B's case to-day in his absence. He threw out all the medicine, as Dr. B was not giving the right medicine at all! What a fine opportunity to do some one an injury. It need not be done in words. The action, the expression, will do the work without any spoken words. Does Dr. A know what Dr. B is giving? Ninety-nine times out of a hundred he can not tell.

Why? Because it is possibly a mixture, the most prominent of the ingredients only being revealed by taste or odor. Dr. B has no doubt asked Dr. A to take charge of his case for him in his absence, explaining in the meantime the case, what he has diagnosed it, what he is giving in the remedial line and why. Dr. A has agreed to all this, but takes this advantage to do his professional brother an irreparable damage, not only professionally, but financially as well.

We can not conceive why educated men, following an honorable profession, the following of which so often appeals to the finest feelings and emotions; that calls out what is best and noblest in man; that gives them an insight into the innermost life and soul of their patrons, and who so often trust into their hands all that is most dear to them, not only so far as life and death is concerned, but family ties, secrets and confidences as well, can be so small and undignified. Why is it, then, that we can not be honest one with another, and with our patrons as well? We can answer with but one word: selfishness.

MUNDY.

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### THE QUALITY OF DRUGS.

Of drugs and their pharmaceutical compounds there seemingly is no end. Each day brings to the notice of the practitioner, general or specialist, literature extolling the merits of some new or revised product, until the mind wonders, wanders, and finally becomes chaos. Many manufacturers vie with each other in the multiplicity of their wares, each claiming almost miraculous results from the employment of their special specialties, and one vaguely wonders why there should be any illness or death. It is claimed that medical nihilism is increasing. While this may be true with some, it is probably untrue with the majority of the profession.

The spirit of commercialism is fostered and encouraged by too many in the profession in the purchasing of drugs. It does not seem to be so much a matter of quality as of quantity with this class. With such a spirit prevailing, the hue and cry against the druggist for dispensing cheap, inferior drugs appears farcical. It should be remembered that we are dealing with an intricate organism, and that only by the careful and discriminate employment of reliable preparations can definite and satisfactory results be obtained. The incongruous side of life is revealed by these same physicians when they possess a fine watch in need of repair in selecting the man to take care of it. They do not

want axle grease used for a lubricant simply because it does not cost the watch repairer as much as the standard watch oil.

Not long since an agent called, who offered a certain manufactured product at the rate of one dollar and fifty cents a pound, claiming it was first class. As I was aware of the fact that a firm had had, in London, Eng., and in New York City, a standing offer for months of one dollar a pound for the crude drug which would assay the proper amount of alkaloidal strength, and also that plenty of material under the trade name could be purchased for twelve and thirteen cents a pound, I was not particularly impressed with the reliability of this firm's products. The argument was advanced that they were cheap. I was willing to concede this so far as price and quantity was concerned, but the argument did not appeal to me as an inducement to buy any more than it would to buy a coffin for myself because I could get it at a bargain price. I am no more anxious to buy cheap drugs than I am to purchase a coffin for my individual use. In fact, the latter would appeal most strongly as no one would be injured by such an investment.

The most expensive article we can buy is the cheap one. This axiom is especially true in the domain of medicine. The question should always be, is this the best? Health, and often life, depends upon the reliability of the drug prescribed, and good results are never obtained with inferior preparations. The advances which have been made in recent years in the proper selection, manipulation and finishing of the product, by the chemist and pharmacist, has placed a superior class of medicines on the market, and for this very reason there is no excuse for any one purchasing an inferior article. The best is the cheapest, and those who are inclined to jeopardize the health or life of a patient, simply because they can purchase "something just as good" for a few pennies less, should be "drummed out of camp," or, in other words, the profession.

The employment of cheap drugs and substitutes has had more to do with the development of the so-called medical nihilism than any other one thing. Just as long as there is a demand for cheap drugs, just so long will there be found some manufacturers unscrupulous enough to supply this demand. A motto indelibly impressed in the brain of every physician should be, "Never give a medicine to a patient I would not wish to have given myself or a member of my own family under like circumstances." If such a rule was followed, the days of inferior

drug qualities would soon pass, and manufacturers would vie with each other in the exceptional quality of their products.

It is true that the vast majority of the manufacturers pride themselves upon the excellence of their preparations, and justly so, for never in the history of medicine could as pure and standard drugs be obtained as now.

FOLTZ.

### COMMENCEMENT EXERCISES.

The sixtieth annual commencement exercises of the Eclectic Medical Institute were held at the Scottish Rite Cathedral, Wednesday evening, April 19th. The following program was rendered. Invocation, Rev. Harvuot. Dean's report, by Dr. Thomas. In his report he called the attention of the audience to the chartering of the college by special act of the Legislature in 1845, and stated that the past year had been a most successful one. Since the organization of the college there have been 12,579 matriculates and 3,852 graduates, of whom over 2,200 are still in active practice. The past year numbered 135 students, with 37 graduates. Hon. Aaron McNeill, President of the Board of Trustees, conferred degrees upon the following graduates:

|                                  |                                  |
|----------------------------------|----------------------------------|
| Charles Bedford Backus..W. Va.   | Charles Fred. Kyser.....Kas.     |
| Geo. Asahel Barry.....Ohio       | George W. McGinnis.....Ky.       |
| John Wm. Barry, Jr.....Ohio      | Walter Leslie McKinney....Ohio   |
| Pearl Roy Bennet.....Ind.        | William J. Marshall.....Pa.      |
| J. Emmet Blagg.....W. Va.        | Harry Allen Martin, Ph. G...Ohio |
| Alta M. Boram.....Ind.           | Hiram B. Martin.....Ill.         |
| Harry B. Boram.....Ind.          | George Elmer Miller.....Ohio     |
| Geo. Wm. Conrad.....Pa.          | John W. Miller.....Ky.           |
| Geo. Edw. Dash.....Ind.          | Charles J. Otto.....Ohio         |
| Robert A. Elliott, Ph. G....Ohio | Harmon E. Price.....Ill.         |
| Wm. Allison Ellsworth.....Ohio   | R. Ellis Sawyer.....Ind. Ter.    |
| Augustus Lee Faler, Ph. G..Ohio  | Walter Winfield Sheerer.....Ill. |
| Ernest R. Gamble, A. B....Ohio   | William Steinhauser.....Ohio     |
| John M. Jackson.....Ky.          | Peter H. Stocketh.....Mo.        |
| Etta C. Jeancon.....Ky.          | Winfred William Vance..W. Va.    |
| C. Ellis Johnson.....Ky.         | Allison Moore Van Horn....Ohio   |
| Frank Leslie Johnson.....Ky.     | James Byron Van Horn....Ohio     |
| Perce Leroy Jones.....Ky.        | Thomas E. White.....Ga.          |
| Chas. Martin Luther Wolf..Ohio   |                                  |

The annual address was delivered by Rev. J. B. Young. Following these exercises a banquet was tendered the graduates. In the absence of Dr. Watkins, Dr. Wintermute acted as toastmaster. The following toasts were responded to: "The Value of the Physician to the Business World," S. D. Baldwin. "Class of 1905," Walter W. Sheerer, M. D., New Burnside, Ill. "The Ladies," Hon. H. C. Hollister.

### AN ECHO OF THE PAST.

I saw a young man a few days ago undergoing, in the last agony, the torments of the damned. He had been ill for almost a year and during the last eight weeks was confined to his bed. For the last three weeks he had suffered untold agony. This was the history: When he took to his bed a physician (?) was called, with a capital R after his name. No one knows what was given him in the shape of medicine, for when I saw him (two days before he died) he was taking medicine from seven boxes and three bottles. While it was impossible to get a complete record, perhaps, of all the ingredients contained in those boxes and bottles, I know what some of them were.

When I was called he was writhing in pain, had cramps in the bowels and the bowels were discharging their contents every few minutes day and night. A morsel of food or a sip of water hurried along through the alimentary canal without slowing down at crossing, nor was the signal given for down brakes at sight of the red light. They simply moved on and on at the pace they had kept for two weeks. The abdomen was swollen, tympanitic and tender to the touch. The skin over it had been blistered and burned until it cracked when a fold was taken between the fingers. When asked to protrude the tongue it was almost impossible for him to do so. It was thick, dry as stubble in August, red as a sirloin steak and sore. On turning down the nether lip the gums were seen to have dropped away from the teeth and were covered with ulcers. A tenacious, slimy secretion covered them. He had developed a very sore mouth about a week before the diarrhœa began. It is needless to say that the patient was exhausted. To all intents and purposes he was dead. He had been salivated until he could neither eat nor drink and died from starvation whose direct cause was criminal medication. The mortuary certificate should have read homicide as the cause of death. Any man who is guilty of salivating a patient in this advanced period of civilization should have his certificate to practice medicine taken from him. He is a menace to society.

While treating a case of pneumonia recently, the parents of the little patient told me that in a similar case (pneumonia) in the family of an acquaintance, the attending physician prescribed eighteen different kinds of medicine in a period of three days. They wanted to know what I thought of it. All I could say was, that whenever they caught me changing my treatment

in such a manner, they would do well to discharge me, as it would be conclusive evidence that I did not know what I was doing, which could be attributed to two causes only, ignorance or insanity, either of which would unfit me for the performance of the duties of a physician. They kindly assured me that they would certainly follow my advice.

These are echoes from the past which show that we still have with us those who have not advanced in the practice of medicine, who haven't even the skeleton of an idea of their own, whose thought will not penetrate the mist of medieval error, and whose knowledge consists entirely of the masticated food of others. To sum up, their ideas are all shop-worn. These are the ones, however, who fold their cloaks around their withered forms and thank God they are not as other men. STEPHENS.

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### A QUESTION OF ALCOHOL.

At the risk of wearying a reader who thinks himself not concerned in the repetition of a subject already treated by our pen, we add a word to the all-important wood alcohol subject. Our readers will bear us out in that, long before this subject appeared to be of any importance whatever, we called attention, editorially, to the danger of what seemed to us at that time to be impending. This was some years ago, and yet our readers will note that we insisted that the word "alcohol" should not be allowed to be affixed to any form of spirit that had as its basis, the poisonous substance known as "wood alcohol." We pleaded that there should be but one word "alcohol," used in medicine and in the arts, and that this wood spirit, methyl alcohol, should have a trade name affixed to it that would not lead any one, either intentionally or by mistake, to take that substance as a beverage. Now, after these years have passed, we find a crusade of enlightenment is necessary; but alas! whatever steps may be taken now to restrict this evil, can not restore the lives to those who have been sacrificed, in our opinion, often needlessly.

Let us now take another phase of this wood alcohol subject. The plea is being made that in the arts and in medicine the tax should be taken from ordinary alcohol so consumed, and we will confess that in moments of indignation at the expense of alcohol, we have felt it but just so to do. It would prove a source of great saving to all concerned in the manipulation of alcohol. But if one of the methods proposed is carried out, we should oppose the removal of the tax on alcohol as applied to alcohol used in medicine. The plan suggested has been to render it



impossible to be used as a beverage, by mixing with it enough wood alcohol to render it unfit to be so used. To this we would most positively object. What is the use of working and planning and experimenting to produce the purest of medicines, and then, in order to save a few cents, to add a poison to a menstruum used in making both the liquids and solids that includes nearly every organic substance used in medicine? There should be no trifling in this direction. If the Government can not, by any other method, control the actions of men who use alcohol in medicines, and prevent them from abusing the confidence the Government reposes in them, there should be no trifling with human life by helping them by authorizing the mixing of wood alcohol and grain alcohol in therapy. Upon the contrary, if any method can be devised to render the present form of alcohol more eligible and purer for medicinal purposes, such a movement should be demanded, rather than official adulteration with a poison. In our opinion, should the Government permit of the mixing of wood alcohol with grain alcohol in order to save an expense to the users of alcohol, the Government would become a party to one of the most stupendous and fearful methods of adulteration and sophistication that could be promulgated.

LLOYD.

### THE LOCHIA.

An uneventful puerperium and a satisfactory getting up of the parturient patient largely rests on the establishment and continuance of a normal lochia. This important factor will be influenced to a very great extent by the process of involution. Immediately following the third stage of labor there will be found considerable material in the uterus to be drained away. The sooner the organ begins and continues to contract substantially, will the coagulated blood, secundal shreds and decidual debris, constituting the lochia follow. Likewise the danger of sepsis infection and inflammation is greatly lessened as the lochial drainage begins and the retained material is removed.

Ordinarily the lochia continues to some extent at least for over two weeks, being more profuse in the beginning, and gradually lessening until everything is removed. Most women suffer more or less pain during the early days of involution, owing to the effort of the uterus in expelling coagulæ and other retained particles of the secundines.

The duration of this flow can be very materially shortened, and the dangers of auto-infection correspondingly lessened,

while the causes of the usual suffering or afterpains will be almost entirely eliminated, if a little extra attention and care are observed in the beginning. Our rule is to assist nature, as soon as the third stage of labor has been completed, in relieving the uterus of all retained material, coagulæ, etc., and thus overcome what would otherwise be a prolonged effort. This is accomplished by the continued application of Crede's method, the patient should preferably be placed across the bed, hips well over the edge, on a Kelley pad or something that will guard the bedding; a bowl or basin will prove a convenience as a receptacle for the discharge. Grasping the fundus with both hands, follow an effort at uniform compression; with each manipulation it is surprising to note the amount of clots, shreds, etc., that will be excluded. This should be continued with alternate compression and relaxation until the retained contents have been as nearly evacuated as possible. Also till the uterus is firmly and forcibly contracted, and which will be recognized by its croquet-ball-like hardness, immediately above the pubes. In some cases it requires quite a little time to accomplish this, but it should be persisted in until results are apparent. Hemorrhages will be of infrequent occurrence when the uterus is treated after this manner, the patient will enjoy an easier and less troublesome lying in and a more satisfactory getting up, with much less likelihood of suffering from the consequences of subinvolution. Treating your cases after this manner there will be no occasion for the douche, which in our judgment is very seldom indicated, and probably, as usually followed, is more often a source of harm than a factor for good. In case of suppressed or scanty lochia, a remedy that may be considered in conjunction with the various other valuable internal agents, is *sp. med. phytolacca*; given in about one drop doses in a little water every one to three hours, the results will be found most satisfactory.

WINTERMUTE.

#### THE ELECTRIC SPRINGS SANITARIUM.

Some time ago the writer called attention to institutions where Eclectic medication could be obtained in connection with advantages of climate, that were needed by those who lived in a rigorous climate, and who needed a change of location. These articles were helpful to many physicians throughout the North and other sections of our country, who desired just such information as was extended therein, and this fact leads the writer to call attention to the Electric Springs Sanitarium, under the pro-

prietorship of Dr. W. L. Leister, the well-known Eclectic physician and writer. This sanitarium is located one mile from Rogers, Arkansas, and is thus described by Dr. Leister:

Near Rogers, Benton County, Arkansas, on the Frisco Railroad, 333 miles southwest of St. Louis and 250 miles south of Kansas City.

This sanitarium is located in a wooded valley surrounded by mountains, whose sides are covered with beautiful forestry. It is isolated, yet hard-by electric springs—three phenomenal streams of medicinal cold water spurting from the base of West Mountain. An ideal retreat, all in the heart of the Ozark Mountains, in a climate cooler in summer than a hundred of miles further north, and warmer in winter than western Texas.

On the authority of this well-known physician, one can well believe that a patient coming from the distant North or the far South will find both the needful change and kindly medication.

And now a word concerning this subject of changing a locality temporarily. Whether one be in the enervating, heated South, or in the depleting rigorous climate of the North, even though he be possessed of all the surroundings of a complete home, the fact is, a temporary change of locality will often exert a helpful influence that neither medication nor home food, and living in the locations mentioned, can accomplish. A something comes to change the vital current when one is released from the surroundings that habitually confront one's self, and this change in itself permits of a betterment of an impaired vitality.

And now a word concerning the Ozark Mountains which stretch through Southern Missouri down into Arkansas, changing the climate of both West and East, to a degree that can be appreciated only by one who is acquainted with the conditions in that uplifted territory that is surrounded by lowlands and marshes. This may be said to describe the Ozarks, on each side of which lie valleys and swamps and wooded countries that are miasmatic in themselves and unhealthy to a degree. But yet, within a few days' journey on horseback, the resident of these low-lands can reach the invigorating heights known as the Ozarks, in which are to be found both riches of mineral and soil as well as climatic wealth. Knowing these to be the facts by a personal knowledge of the Ozarks, the writer can well suggest to physicians having patients who need such conditions as these, that a letter to Dr. W. L. Leister, Rogers, Arkansas, will perhaps bring a response that will give exactly what is wanted.

LLOYD.

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# SODIUM SALICYLATE

True, from Natural Wintergreen Oil.

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**I**N perfecting their products from **Natural Wintergreen Oil** and in demonstrating their therapeutic value, the Merrell Company have won the confidence of the medical profession, and established the fact that **Natural Salicylates** should alone be employed for internal administration; and when **Sodium Salicylate**, true, is specified, it is clearly the desire of the physician that the Merrell product should be used. The only recommendation of other brands is that "they are cheaper in price," and it is such substitution which often convinces the physician that it is necessary for him to dispense his own medicines.

In addition to the powdered and crystalline forms, **Sodium Salicylate**, true, is offered in 2½ and 5 grain compressed tablets.

**No Increase in Price.** These tablets are put up in 1 oz., ¼ lb., ½ lb. and 1 lb. bottles, and are sold at the same price as the powder.

The Merrell Company were the first, and are now the only, manufacturers in the United States of these **Natural Educts** from **Wintergreen**, and their product should always be used if undesirable complications are to be avoided.

Our 72 page booklet upon this subject is sent free upon application,

## RHEUMATISM.

In the treatment of **Rheumatism**, elimination and **Salicylic Acid** rarely fail to give the very best result. Keep the bowels open and the kidneys active by means of salines and the ingestion of large quantities of pure water (this also favors diaphoresis), and **Ferro Salicylata** (Merrell) will do the rest.

**Ferro Salicylata** contains in each fluid dram five grains of **Salicylic Acid** and five minims of the tincture **Citro-Chloride of Iron**. As the **True Acid** from **Natural Wintergreen Oil** is used, the preparation is devoid of those depressing effects which often attend the administration of the synthetic product, and it may therefore be given in as large and as frequently repeated doses as are indicated to control the symptoms and cure the patient.

As a tonic after **Grip**, **Ferro Salicylata** will do more toward restoring the strength of the patient than all other remedies combined; and for the depressed condition which so often attends convalescence after **Grip**, **Ferro Salicylata** is almost a specific.

**Ferro Salicylata** is carried in stock by all prescription pharmacists.

Send for descriptive circular matter and complete catalogue of pharmaceutical preparations.

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Specific indications are most completely  
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**Normal Tinctures** are prepared according to the rules laid down in the "Digest of Materia Medica and Pharmacy," the authorized Eclectic Pharmacopœia adopted by the National Eclectic Medical Association.

**Normal Tinctures** are bright, clean,  
and free from precipitation.

**Normal Tinctures** are uniform, carefully standardized, and always reliable.

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**NORMAL TINCTURES** are carried in stock by all Wholesale Druggists and dealers in Physicians' Supplies, and may be obtained from Druggists everywhere.

A Price List Free for the Asking.

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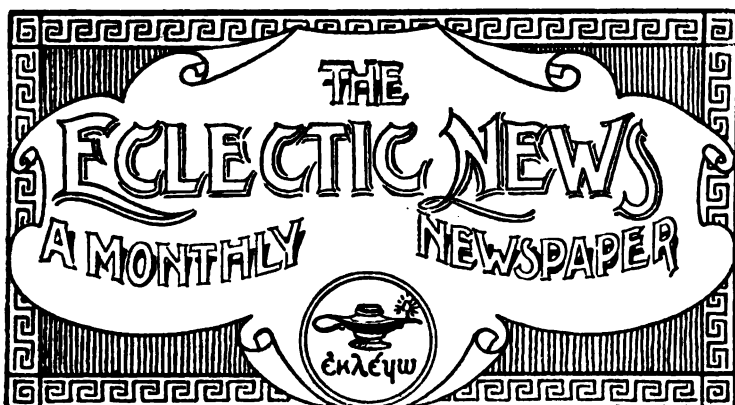
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**Chicago,**

**San Francisco.**



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VOL. X.

MAY, 1905.

NO. 5.

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## BOOK NOTICES.

**THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY FOR 1905.** A Yearly Digest of Scientific Progress and Authoritative Opinion in all branches of Medicine and Surgery, drawn from journals, monographs and text books of the leading American and foreign authors and investigators. Arranged, with critical editorial comments, by eminent American specialists, under the editorial charge of George M. Gould, M. D. In two volumes. Volume 1 includes General Medicine: volume 2, General Surgery. Two octaves of about 700 pages each, fully illustrated. Philadelphia and London: W. B. Saunders & Co. Per volume, cloth, \$3.00; half morocco, \$3.75.

The 1905 issue of Saunders' American Year Book of Medicine and Surgery fully maintains the pre-eminent position which it long ago established. Dr. Gould, the editor, has associated with him a staff of men of the greatest ability, shown in the conscientious thoroughness with which each article is prepared. Here the practitioner has placed before him, and at a very moderate price, the cream of all the medical literature published during the past year, and in such a form that it is readily digestible. As a compendium of medical and surgical progress, it will prove invaluable; for the practitioner anxious to keep abreast of the advances in the subjects treated, it will be of the utmost assistance. The text, as usual, contains a number of illustrations of practical value; there are also nine insert plates of much excellence.

The sections that particularly attracted our attention were those upon diabetes and the cardio-vascular system. Materia medica offers not much that is either attractive or new. Apart from the serums, we noted brief mention of a few familiar drugs, such as apocynum cannabinum, cactus, solanum carolense, and digitalis; the latter being a splendid article, full and exhaustive.

W. N. M.

A **TEXT BOOK OF HUMAN PHYSIOLOGY**, embracing Histology and Microscopical Anatomy, with especial reference to the Practice of Medicine. By Dr. L. Landois. Tenth edition revised and enlarged. Edited by A. P. Brubaker, M. D. Translated by A. A. Eshner, M. D. 1027 pages, 394 illustrations.

This is undoubtedly the best physiology extant to day. The work is brought up to the very latest discoveries in physiological investigation, and is eminently adapted to the needs of physicians, teachers, and students. No matter how many works on physiology we may have, our list is not complete without this, the latest treatise of Landois. There is no other work upon this subject which to day so thoroughly and satisfactorily represents the existing state of physiological science and its relation to pathology and clinical medicine. The fact that this book has already passed through ten large editions is sufficient to show the esteem in which it is held by the medical profession.

L. W.

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## COLLEGE AND SOCIETY NOTICES.

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### The National Association.

The time of meeting of the National Eclectic Medical Association has been changed to June 27, 28 and 29. The Grand Union Hotel has been selected as our headquarters, and the place for our meetings will be just across the street. This is one of the finest hotels in Saratoga, the rates will be \$3.50 and \$4.00 per day. We have practically closed contracts with the various railroads for reduced rates on the certificate plan, definite announcement of which will be made in next month's Journal.

Saratoga Springs, situated in the eastern part of the Empire State, 40 miles north of Albany, and 190 miles north of New York City, is the natural watering place of America, and the most delightful summer resort in the world. Saratoga stands peerless in its health-giving mineral springs; in its beautiful drives, parks and lakes; in its magnificent hotels; in the attractions provided for the entertainment of its guests. If you wish to drive, if you wish to "wheel," if you wish to sail, if you wish to stroll, if you wish to merely sit and rest, Saratoga with its delightful drives, with its superb bicycle paths, with its beautiful lake, with its broad piazzas from which one can watch the marvelous panorama of elegant costumes and equipages and all that is most useful and beautiful in modern civilization, is the ideal spot. We are assured that we will be given an opportunity during our meeting to taste of these pleasures; then how can we resist the temptation to go? Doctor, we will expect you to be there with your family. You owe it to yourself as well as to Eclecticism.

H. H. HELBRING, Cor. Secretary.

# LIBRADOL

(TRADE-MARK)

An external remedy for quick relief of pain.

**USES.**—In colds, croup, broncho-pulmonic troubles in general; in acute inflammations of the lung or soreness depending upon congestion; in superficial or deep-seated pains of a rheumatic, chronic, or acute form; in sore muscles and joints.

We take pleasure in introducing this effective remedy for the cure and relief of all affections in which it is commended. Although new to most physicians, it has been employed by others for over a year, its benefit being sometimes so prompt as to appear marvelous.

The composition as given with each package will inform eclectic physicians concerning its field of action, and also indicate why LIBRADOL possesses such intrinsic merits.

LIBRADOL is clean, free from excessive fat, and can be washed from the skin by means of clear water. It is prompt in action and may be used either alone or in connection with any internal medication.

A characteristic and comprehensive report is as follows:

"I used LIBRADOL recently in three cases with most gratifying results.

FIRST.—Asthmatic condition caused by cold.

SECOND.—Acute articular rheumatism.

THIRD.—Pain in abdomen."

—DR. B. B. MORROW.

A number of severe cases of inflammation, of cold in the chest, of acute inflammation of the lungs, soreness depending on congestion, etc., have been promptly relieved as per reports on file.

LIBRADOL is to be spread on greased paper, muslin, or waxed paper, and applied to the painful part. Full directions accompany each package.

PRICE.—1 lb. jar, \$1.50; ½ lb., 80 cents; ¼ lb. 45 cents.

**LLOYD BROTHERS, CINCINNATI, O.**



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## ECHAFOLTA CREAM.

(An elegant, fragrant, *permanent* semi-solid cream. Will neither become rancid, acrid, nor irritating.)

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PRICE—Large jar, 12 fluid ounces, \$1.00. Not mailable.  
Small jar, 4 fluid ounces, 45 cents. By Mail, 58 cents.

---

USES, by DR. T. J. DANIEL, MAGAZINE, ARKANSAS.

Echafolta Cream is indicated in all cases needing an antiseptic dressing, especially old sores, bed sores, chronic ulcers, old tibial ulcers, chapped hands, carbuncles, boils, scrofulous and syphilitic nodules, some forms of erysipelas, snake bite, stings of insects, cracked nipples, caked breast, hemorrhoids, etc. In these conditions, Echafolta Cream should be used freely, locally, and Echafolta always given internally. For caked breast, add a few drops of Specific Medicine Phytolacca to the Cream, and cover the affected part thoroughly. For hemorrhoids, add a few drops of Specific Medicine Hammamelis, and apply. For snake bites, cover with the Cream, and give from 5 to 30 drops of Echafolta, at first every fifteen minutes, and finally, as the patient improves, every one, two or three hours. For carbuncle, keep the place covered with the Cream, and give 15 drops of Echafolta every two or three hours. For sore eyes, anoint the lids on retiring at night. No ointment is superior to Echafolta Cream. In all cases that demand its use, Echafolta given internally is indicated and desirable.

LLOYD BROTHERS,  
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# INDIGESTION

In those cases of INDIGESTION in which there is fermentation of the contents of the alimentary canal, with pain, sense of fullness, borborygmus and eructations, there is no remedy which will give such prompt and complete relief as **EUSOMA** (Echinacea Comp.) This statement can readily be verified by the use of the sample which we will send upon request.

**EUSOMA** is an ethical, non-secret preparation, and contains in each fluid dram, Echinacea Augustifolia 15 grains, Thuja Occidentalis 2 grs., and Baptisia Tinctoria 4 grains. It is a perfect, non-poisonous antiseptic and alterative for both external and internal use.

All septic conditions are promptly and favorably influenced by the internal administration of **EUSOMA**, which has well been termed the "great corrector of blood dyscrasia."

**CLEAN WOUNDS** always heal without suppuration, and **INFECTED** wounds quickly become clean wounds when **EUSOMA** is used as a dressing. Write for sample and booklet.

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CINCINNATI, OHIO, U. S. A.

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**French Lick and West Baden**  
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**EXCURSION TICKETS GOOD 90 DAYS ON SALE DAILY**

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# ECTHOL.

**FORMULA:—EVERY FLUID DRACHM CONTAINS TWENTY-EIGHT GRAINS ECHINACEA ANGUSTIFOLIA AND THREE GRAINS THUJA OCCIDENTALIS. IT IS ANTI-PURULENT, ANTI-SUPPURATIVE, ANTI-MORBIFIC, AND IS SPECIALLY INDICATED IN BREAKING-DOWN CONDITIONS OF THE FLUIDS, TISSUES, CORPUSCLES, AND DYSCRASIA OF THE SECRETIONS.**

“Our observation of the medical literature indicates that ECHINACEA is being used far more than formerly. — J. A. M. A., APRIL 8, 1905.”

**BROMIDIA**

**PAPINE**

**IODIA**

**BATTLE & CO.,** CHEMISTS  
CORPORATION, **ST. LOUIS, MO., U. S. A.**

The annual meeting of the Illinois State Eclectic Medical Society will be held in the city of Peoria on May 17 and 18 in the Assembly room of the City Hall, and the headquarters will be at the National hotel.

We desire that every Eclectic in the State be present at this meeting. This will be the first time the Society has ever met in Peoria. The outlook for a large meeting is promising. Doctor, do not forget the time and place. Programs will be sent out by the first of May. Look for them and be sure and come and bring others along who are not members. Do not forget that promised free boat ride on the Illinois River the evening of the first day. Fraternally,

W. E. KINNETT, M. D., Secretary,

The next session of the Kansas Eclectic Medical Association will be held in Steinbury's Hall, Masonic bldg, on Jackson St., between 6 and 7, Topeka, Kas., May 17 and 18, 1905.

E. B. PACKER, Secretary.

The Twenty-eighth annual session of the Wisconsin State Eclectic Medical Society will convene at the Republican House in Milwaukee at 2 p. m., May 23, 1905. We expect each member of the Society will make a most determined effort to be present at the commencement of the session. The program is not completed so that it can be announced at this time. The Entertainment Committee have arranged to have a theater party on the evening of the first day, May 23. For this and other reasons it is of great importance that you notify the Secretary at once of your intention to be present. The Program Committee will greatly appreciate having you state on what topic you will speak or write for the meeting. The officers will do their best to make the meeting a success, but the membership must remember that the responsibility of attending and helping is incumbent on them also. Let us all make any reasonable sacrifice that may be necessary to enable us to be present, then we shall have an interesting and profitable session. Faithfully and fraternally yours,

J. V. STEVENS, M. D., Secretary.

The South Dakota Eclectic Medical Society will meet at Yaukton, S. D., June 6 and 7, 1905.

We cordially invite every Eclectic and liberal M. D. in the State of Iowa and Nebraska to meet with us. Write the Secretary at once and send subject of paper.

Yours,

W. E. DANIELS, M. D., Secretary.

The Thirty-third annual session of the Pennsylvania Eclectic Medical Association will be held at the Bolton House, Harrisburg, May 25 and 26, 1905. There promises to be a number of very interesting papers read. Dr. F. J. Livingston of Johnstown, is President, and Dr. Nannie M. Sloan, Latrobe, Secretary.

The regular meeting of the Boston District Eclectic Medical Society, will occur Monday evening, February 27, 1905, at The Thorndike at 8 o'clock. Dinner will be served a la carte at 7 o'clock in a private dining room. Business of the meeting, Election of Officers; Reports of Secretary and Treasurer; Talk by Dr. C. Edwin Miles on "Cases in practice."

Please attend promptly and aid in maintaining the interest of our gathering.

FRETS EDWIN HOWES, M. D., Secretary.

The Twenty-sixth annual meeting of the Tennessee State Eclectic Medical Society will be held in the Odd Fellows' Bldg, Nashville, May 23 and 24, 1905. Thos. E. Halbert, M. D., President; B. L. Simmons, Granville, Secretary. The program will consist of the Invocation by Rev. W. B. Holmes, followed by Address of Welcome by Mayor A. S. Williams, and response by Dr. Benj. L. Simmons. The six different sections will present some interesting papers.

The Forty-first annual convention of the Eclectic Medical Association of Indiana, will be held at the Claypool Hotel, Indianapolis, May 23 and 24, 1905. Indianapolis, being centrally located, is an ideal convention City, and the Claypool Hotel facilities need no comment. The first session will be held Tuesday, the 23rd, at 2 p. m. An evening session will be held, followed by a musical and literary program, and an informal reception and buffet luncheon. A number of distinguished physicians from other States will be present. The papers to be presented number thirty-five very interesting ones.

The next annual meeting of the West Virginia Eclectic Medical Association will be held at the Hotel Waldo, Clarksburg, May 17 and 18, 1905. The program consists of the President's Address by Dr. L. N. Yost, M. D., Fairmont, and a number of very interesting papers by Drs. W. L. Werner, H. E. Sloan, J. B. Simon, H. M. Campbell, Harry Wiedman and C. W. Seely. Prof. J. U. Lloyd of Cincinnati will address the meeting, on his subject entitled, "The Eclectic School of Medicine." All indications point to a good meeting.

The next meeting of the Kentucky Eclectic Medical Association will be held at Louisville, headquarters Fifth Avenue Hotel, May 10 and 11, 1905. A good meeting is anticipated, and a number of physicians are expected to attend from other States, including Dr. Graves and Robertson of Chicago. An informal reception will be given by Dr. J. C. Mitchell, at his home 1004 Fifth avenue, on the evening of May 10. The program of this meeting will consist of papers by the President, Dr. W. B. Ruble, Drs. L. O. Wood, J. P. Huff, W. N. DuVall, R. T. Rudd, G. T. Fuller, J. C. Mitchell, Lee Strouse and Geo. W. Brown.

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The Twenty-fifth annual session of the Arkansas Eclectic Medical Association will be held at Gleason's Hotel, Little Rock, May 10, 11 and 12, 1905. The program will consist of the President's Address, by Dr. W. S. May, of Gurdon; Prayer by Rev. T. Y. Ramsey; Address of Welcome, by Mayor W. E. Lenon, and Response by Dr. E. H. Stevenson. Each section will have interesting papers, among them being Specific Thuja, by Dr. A. J. Hansberry; Malaria, by Dr. R. L. Smith; the use of Forceps, by Dr. R. H. Gardner; Scarlatina, by Dr. W. G. Cheate; Tonsillitis, by Dr. J. W. Lewis; Anesthetics, by Dr. J. A. Vail. The evening session will be addressed by Dr. T. J. Daniel, on "Our Twenty-fifth Anniversary". An enthusiastic meeting is anticipated by all.

The Fiftieth annual meeting of the Connecticut Eclectic Medical Association will convene at the Allyn House, Hartford, on Tuesday, May 9, 1905. President, Dr. Leonard Bailey, Middletown; Secretary, Dr. Geo. A. Faber, Waterbury. The program consists of papers by Drs. C. W. Fitch, Henry Bickford, John W. Fyfe, Fred. H. Williams, S. B. Munn, F. A. Bucklyn, E. M. Ripley, Leonard Bailey, H. H. Converse, M. L. Marsh, T. S. Hodge, LeRoy A. Smith, F. W. Abbott, R. E. S. Hayes, E. H. Marsh, Frank Webb, and others.

The Forty-first annual session of the Ohio State Eclectic Medical Association will be held at the Great Southern Hotel, Columbus, May 2, 3 and 4, 1905. The splendid program just issued is evidence of the earnest work of the Executive Committee. More than 85 excellent papers have been promised, and many new members are expected to join. The President, Dr. Chas. Gregory Smith, will deliver his address on Tuesday evening, and the annual banquet will be given on Wednesday evening, followed by a reception and dancing. A large attendance is assured.

The bi-monthly meeting of the Central Ohio Eclectic Medical Association will be held at the Great Southern Hotel, Columbus, May 1. President, L. E. Russell, Springfield; Secretary, Guy J. Kent, M. D., Casstown. This meeting will be held a day in advance of the Ohio State meeting and a good attendance is anticipated, and an interesting program has been arranged.

#### **Alumna! Association Resolutions.**

Whereas, The Supreme Ruler and Healer of the Universe has in His wisdom called from this to the better life, our much respected fellow, Dr. Wm. Byrd Scudder, class of '90, E. M. I.—

Therefore, be it resolved, That this Association has lost a valuable and worthy member; and be it further

Resolved, That we extend our sympathies to the bereaved family, and that these resolutions be incorporated in the records of this Association, and a copy sent to the bereaved family.



**T. A. E. Fraternity Notes.**

Alpha Chapter met in Hall on March 4, E. A., H. A. Martin, Presiding. After the regular routine of business the officers for the year 1905-6 were chosen. The election resulted as follows: E. A., Brother G. W. Gregg; D. E. A., Brother G. E. Bennett; Scribe, Brother W. B. Cunningham; Prelate, Brother S. W. Bradstreet; M. E., Brother V. P. Wilson; M. G., Brother A. B. Rinehart; C. T., Brother E. G. McLaughlin; Chronicler, Brother D. E. Bronson; I. W., Brother K. P. Reefy; O. W., Brother Nelson McLaughlin.

The meeting adjourned in regular order.

On March 18, all the members of Alpha Chapter except three, met at Studio Grand and had their picture made. The pictures were ready for delivery about April 1, and have received the approval and praise of all who have seen them.

At the regular meeting of Alpha Chapter March 18, the officers elected for the coming year were installed. Retiring E. A., Brother H. A. Martin, after making a few remarks appointed Brother C. M. L. Wolf, as installing officer and Brother Byron Van Horn as M. G. The officers elect took their places and received their instructions with the usual grace and dignity, while Brothers Wolf and Van Horn did their part so admirably as to receive a vote of thanks. E. A., G. W. Gregg presided during the remainder of the evening.

At the Fraternity House on the evening of March 31, the Senior members of Alpha Chapter were entertained by the Junior and Sophomore members. The early part of the evening was spent at games and in the enjoyment of fine candies and good cigars. About ten o'clock a bountiful supply of ice cream and cake was served.

The remainder of the time till almost midnight was spent in music and dancing when all went home feeling that they had had a pleasant evening, and that the Junior and Sophomore Greeks know how to entertain. The last meeting for the year was held in the hall on the evening of April 1. After the regular business of the meeting had been transacted, we listened to two good encouraging talks, one from Professor Bloyer, the other from Professor Smith. We then heard a few parting words from each of the Senior members present, and the meeting closed.

The Chronicler earnestly requests that all members of the T. A. E. will interest themselves in this column, and send in fraternity news. We wish to make this page of interest to every Greek. We can do it with your help. Will you help? Address,

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READING NOTICES.

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**IS COCA SUPERIOR TO THE BROMIDES?**—The particular beneficial influence of coca in nerve derangement is in the exhaustion of nervous functions. The bromides are depressant, and to employ them in cases of nerve exhaustion would be similar to depriving a starving man of nutriment. The best that can be said of the bromides is that they are useful in morbid irritability or peripheral irritation, not in nervous exhaustion. Coca, on the other hand, may be compared to a food for the tissues. It acts upon the nerve centers as a stimulant, as an anti-spasmodic, and as a depurative.

The stimulating influence of coca is upon the brain, spinal cord, muscles, respiration, circulation and excretion. The bromides, as well as allaying peripheral irritation, always occasion marked depression, both during and after their administration.

Of all coca preparations, the well known Vin Mariana is without doubt the best, as having given uniform satisfaction to the profession. Coca appears to balance the several forces which constitute energy, and thus its calmative action is not followed by depression. Dr. Mantegazza, many years ago, urged the employment of coca as a sedative in spinal irritation, in idiopathic convulsions, in nervous erethism, and in large doses to allay spasm in hydrophobia and tetanus. It has a wide and important field of usefulness.—*Coca Leaf*.

---

**LISTERINE DERMATIC SOAP.**—The Lambert Pharmacal Company has recently inaugurated a new venture in the way of an antiseptic soap, which possesses the virtues of Listerine so far as a soap may. It is only a matter of recent years that especial attention has been given to producing soaps which shall possess a degree of curative power in diseases of the skin and in the care of surgical conditions. A considerable variety of such soaps is now on the market and the mission of the lot is wide. It is safe to say that Listerine Dermatic Soap will prove one of the most serviceable, and will soon make for itself a popularity with the profession in keeping with that which has been established by Listerine.—*Med. Fortnightly*.

---

In the use of Olive Oil by physicians, great discrimination should be exercised in selection of the proper brand. For medicinal purposes no chances should be taken, and only such a brand should be prescribed as the practitioner knows from his own experiments or from the guaranty of some responsible or well known importer, is the genuine article. The difficulty of obtaining an article free from adulteration in the ordinary market is generally understood. Dr. Leon L. Walters in an address on food adulteration before the chemical section of the American Association for the advancement of science, states that "Pure Olive Oil was not to be had in the market, except from a few high-class dealers."

It is a well known fact that even pure oils imported in bulk, are bottled after importation and at that time largely adulterated with cotton seed oil, and sold under foreign labels as pure olive oil. These facts are clearly represented in Government reports. Practically all bottled oil is put up here.

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Sanmetto is an excellent preparation, and in my opinion the best medicine of the kind to-day in the market. I have used it for over twelve years, and always with benefit. I have arrived at the age of sixty-seven years, when the plague of old men—enlarged prostate—is apt to annoy me, showing itself in frequent micturition, stoppage of urine, etc. I intend to use Sanmetto on myself. I received some literature on Sanmetto this morning. I enjoyed the piece of poetry from my old friend, Eugene Field. It is very appropriate.

J. M. CAMPBELL, M.D. Brooklyn, N. Y.

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That Acetozone is a valuable germicide is demonstrated by its effect upon typhoid bacilli and cholera vibrios in river water. In their experimental work, Freer and Novy (*Contributions to Med. Research*) made the following tests:

1. A cylindrical glass-wool filter was prepared, and on it was placed a layer of acetozone crystals, about 3 cm. thick. A bouillon suspension of typhoid bacilli passed once through this filter yielded a sterile filtrate, while control tubes gave the usual abundant growth.

2. A liter of tap-water was sterilized by heat, and when cool a suspension of cholera or typhoid germs was added, the experiment being repeated several times. Ten to twenty milligrams of Acetozone were added, and after thorough shaking portions of the liquid were taken out and planted in bouillon and agar which was plated. In each instance the cholera germs were destroyed completely in five minutes, and the typhoid germs in fifteen minutes by the extremely small quantity of Acetozone used.

From the above experiments the authors draw the conclusion that pathogenic organisms are destroyed by extremely small amounts of Acetozone. Therapeutically it is being very widely used in the treatment of typhoid fever, intestinal diseases, notably summer diarrheas in children, in gonorrhea, suppurating wounds, and infectious

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At the time I had charge of the medical department of the Talledega Furnace Company, and the B. & A. Railroad Company of Alabama, I had under my observation some 1200 men and women. My stay there continued for nineteen months, and during this time I used very little calomel, and in its stead employed Chionia for liver troubles with the best results. It is not necessary to state individual cases, but I will say that no remedy can equal Chionia as an hepatic tonic in cases of yellow skin, loss of appetite and bowel derangement. Chionia can be depended upon in clearing up these various disturbances which usually accompany or follow functional disorders of the liver.

F. B. LAIRD, M. D., Covington, Ky.

There has recently been put on the market a preparation of Echinacea, Thuja Occidentalis and Baptisia called Eusoma. This is a preparation that is particularly indicated in septic conditions. The writer had an opportunity to try this compound in the following cases:

First—Patient had finger stuck with fish bone. A septic condition at once developed; inflammation and swelling extending nearly to the elbow. Applied Eusoma over inflamed area and gave half dr. every two hours. The swelling ceased at once and in twenty-four hours all pain was gone and hand was almost in normal condition.

Second case was that of puerperal fever. Was called to see woman

fourth day after confinement; temperature, 103; pulse, 140. Applied Eusoma over abdomen and gave half dr. of same preparation every two hours; in thirty-six hours temperature became normal and pulse 90.

Third Case—Young lady; inflammatory rheumatism of knuckles of both hands, also of ankles. Right hand was swollen to double its normal size and very painful. We applied Eusoma externally, and gave half dr. every two hours. In eighteen hours an appreciable improvement began and continued for ten days, when she completely recovered.—*Oklahoma Medical News Journal*.

The Journal of the American Medical Association is perfectly correct when it states editorially in its issue of April 8, 1905, that its own observation of medical literature indicates that echinacea is being used far more than formerly, as Echthol (formula: each fluid drachm contains 28 grains echinacea angustifolia and 3 grains thuja occidentalis) has grown into almost universal use among physicians of all countries, since it was first introduced to the profession some 5 years ago. Discussing echinacea in a recent issue of the Louisville Monthly Journal of Medicine and Surgery, Dr. C. S. Chamberlin, of Cincinnati, writes as follows: "In my own experience, the results attending the use of echinacea have convinced me that there is no remedy of so great value in the treatment of cases of septic infection, and I have repeatedly used it in the cases of septicemia following wounds of the extremities, which I am confident by any other means of treatment would have resulted in the loss of the limb and possibly of the life of the patient." He further recommends it to eliminate toxins and to alter conditions which favor suppuration and inflammation, as in the case of abscesses, ulcers, gangrene, bites of venomous insects and reptiles, tonsillitis, the exanthemata, eczema and psoriasis.

## PERSONALS.

DIED, at Mt. Liberty, O., March 3d, Dr. A. P. Robertson, E. M. I. '72, in his 62d year. Dr. Robertson enjoyed an extensive and substantial practice, and continued for 33 years in the same location, with the exception of one year, when he and Dr. R. C. Wintermute were associated at Delaware, O. Dr. Robertson was Prof. Wintermute's preceptor.

DIED, at Cameron, Mo., March 2d, Joseph H. Snyder. Dr. Snyder was born in New York State in 1833, and graduated from the Syracuse Eclectic Medical College in 1854. He practiced in New York State until 1871, when he removed to Missouri. He was prominent in Masonic circles, and was one of the oldest Eclectic practitioners of his county. He was a member of the National and Missouri State Eclectic Medical Societies.

DIED, at Plattaburg, near Springfield, O., Dr. Henry Wildasin, at the age of 67 years. Dr. Wildasin graduated at the E. M. Institute in 1882. He leaves a wife, daughter, and three sons, Drs. C. O. Wildasin, of Springfield, and George and Homer Wildasin. He was one of the oldest Eclectic practitioners in Clarke county.



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## ORIGINAL COMMUNICATIONS.

### THE DISPENSING PHYSICIAN.

By **Pitts Edwin Howes, M. D., Boston, Mass.**

The present age is one of close competition in all departments of work. Many times little things are what determine success. Strict attention to details wins the prize.

The mechanic, of to-day, is most careful to see that all of his tools and appliances are of the most improved pattern. He works in the world of inorganic matter. Shall we, who are attempting to manipulate the forces of vitalized being, fall below him in our search, for the best attainable means of crowning our efforts with success? There can be but one rational answer to this query.

This being granted, it behooves the medical man to closely scan all his methods, and see wherein they may be improved. The one which stands out the most prominent, to my mind, is the careful scrutiny which should be applied to the remedies, by means of which the physician attempts to alleviate the ills of mankind.

The medical journals, and even the daily press, are continually calling attention to the adulteration of various drugs. Not only that, but the constant substitution of one article for another, which the dispenser often claims is just as good.

This has been proven to such an extent that it is high time the physician should *be sure* that patients receive exactly what he has determined is the proper remedy for their condition.

There is only one way in which this can be done with any degree of certainty. That is by the physician becoming his own dispenser. Then he is in a position to know absolutely that his patient receives what was intended. If improvement does not follow, it can not be laid to the door of substitution, or improperly prepared medicine.

There are many advantages to be secured in filling one's own prescriptions.

First, the knowledge which is gained by the handling of the different remedies which go to make up the indicated medication. There is a vast difference in a tincture prepared from the green plant and one made from the dried structure. Sometimes it is necessary to give one treatment, and sometimes the other, in order to get the exact drug action from the specified plant. Different proportions of alcohol and water are frequently required to extract all of the medicinal virtues from various plant structures. The physician who has familiarized himself with the correct appearance of the *best* preparations will not, easily, be led astray by inferior products.

Again, it inspires confidence in your patients to have you put up their medicines. They feel that you are doubly interested in their cases and are positive that they are taking just what you intended. This plays no mean part in your ability to cure those who apply to you for aid.

Suggestion forms a larger portion of successful treatment than many are inclined to give it credit. The dispensing your own prescriptions enhances this power, to a certain extent, unconsciously. You are continually acquiring a more firm belief in the power of your drugs to accomplish what you expect. And, without perhaps intending to do so, you inspire those whom you are treating with a corresponding faith.

The prescribing of your remedies also causes you to watch more carefully the drug action of what you are using. It is the ability to comprehend just what a given remedy will do, in different conditions and different sized doses, that gives one practitioner the superiority over another in his ability to treat abnormal conditions. The constant handling of *any thing* makes one an adept. Little things are noticed which would be missed in more casual acquaintance.

Lastly, but not of less importance, by dispensing you keep in closer touch with your patients. You get to learn more thoroughly their condition, and the more subtle shades of the difficulties with which they are affected. This must, materially,

increase your experience in treating such cases, so adding to you acumen in medical diagnosis and treatment. Thus your reputation as a skillful physician is enhanced.

To be sure, it takes time to dispense your medicines and it costs you something to procure them, but if you will keep a strict account of both these factors, you will soon confess that the income, even from a financial standpoint—and physicians must consider that—will much more than balance the outgo. This does not take into consideration the new patients which are directed to your office because your medicine has benefited some friend.

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### SPECIFIC TREATMENT.

By W. C. Cooper, M. D., Cleves, O.

In the main, the old, indirect method of treatment has fallen into disuse. This is true of all schools; least so with the allopathic, most so with the eclectic and homeopathic schools. This tendency to the direct and specific is innate, and fundamental to human nature. Even the barbarian will always "make a dutchman" (take the short cut) when that is practical. The principal is basic to economics of whatever character.

In the application of this principle to medicine, we are confronted with many difficult problems. One of the most difficult ones depends upon the relation of symptoms to "conditions." We need to define sharply and discriminate critically when considering this therapeutic question. It is a loose habit of us Eclectics to confuse the meanings of symptom and "condition." We should keep ever in mind the fact that symptoms are, in themselves and in fact, conditions. With us, the term condition has come to mean something between the symptom and the disease. Now, exactly what is a morbid condition? Disease is a morbid condition, and so is *every part of it*. There is nothing then between the primal lesion and its symptoms but *disease*. We speak of secondary causes, considering them as sort of way-stations between the prime cause and its symptoms. With a moment's reflection, we see the absurdity of this, for there can be no break in the continuity of disease expression. Disease, like everything else naturally connected, is *scientific* and consistent. The fact is that, under final analysis, the effect is but projected cause. The symptoms then are actual disease expressions, actual *parts* of the disease. If we could compress all the symptoms into a compact whole we would have the bole and

tap-root of the disease. This would do away with all guess-work so far as diagnosis is concerned. From the foregoing it is evident that to treat "conditions" is to treat disease.

The chief difficulty of diagnosis depends upon the *commonness* of many symptoms to various diseases. The presence of fever, for instance, is of almost no help in our diagnostic differentiations. If every disease threw out symptoms that were strictly peculiar to it, what an easy time (diagnostically) we would have. If each disease is *essentially* different from every other disease, it must put forth symptoms which are peculiar to it alone. There may be only a very few of them; there may be only *one* such symptom. Its peculiarity may depend upon a nice shade of sensation, or coloration, or tongue aspect, etc. See what discriminating acuteness the expert diagnostician must have. If our homeopathic brethren were as happy in the bunching of *identifying* symptoms, as they are in their multiplication of irrelevant ones, wouldn't it be better?

Now, every modern Eclectic practices deferentially to the principles and truths I have been considering. We can not wholly segregate the separately identifying symptoms—not yet. If we could, our treatment would be *wholly* causal. As it is, our treatment, in most instances, is fractionally causal. The symptoms common to many diseases, though not diagnostically conclusive, have a legitimate significance, which, owing to the undiscoverability of convicting ones, must be reckoned with. Indeed until diagnostic acuteness shall have been refined into something like perfection, they are the only guides left us. Each of these symptoms is a fraction of a disease totality. They may be very small fractions of it, but, since effect is projected cause, they *are* fractions of it. Thus, the assemblage of symptoms which call for belladonna, are *that much* of the underlying disease, *whatever* disease it may be. If, therefore, we can, by the use of belladonna, permanently remove the disease fraction, we shall have, to *that extent*, cured the disease. If it happen—and it is easily conceivable that it may so happen sometimes—that the belladonna condition bears a quite imporelation to the disease entirety, this lift may prove to be all the help Nature needed to accomplish a cure. It is plain, then, that specific medication is causal treatment, which the whole world knows is the only *right treatment*.

Pain is a disease expression, but its commonness to such a large number of diseases very largely dilutes its relative morbid importance. In cases where we know what the bottom lesion

is, and know what the remedy is, it is a waste of time, and is bad practice to treat the pain. The same is pre-eminently true of fever. If either of these could, as isolate entities, be permanently removed by direct treatment, it would be our duty to remove them, *provided* the process of their removal would not be more vitally expensive than they themselves might be. If, for instance, we can reduce the temperature only by the use of a drug which, while it cuts three in the right direction, cuts seven in the wrong direction, we must let the high temperature go. It will do less harm than the treatment will. All drug antipyretics being cardiac depressants, cut vastly more in the wrong, than in the right, direction, and should, therefore, be tabooed. When we develop a drug antipyretic which will cut very much more in the right, than in the wrong, direction, then its use will be justified. The same is, of course, exactly true of the use of analgesics.

From the immediate foregoing, it will be seen that whether a treatment is causal (in the complete sense) or not, will depend as much upon drug selection as upon diagnostic accuracy.

I have attempted, in this article, to give the philosophic reasons why specific medication is right. If we can not give reasons—scientific and philosophic—for the faith that is in us, we can not hope to command the respect of thoughtful people.

Unless my philosophy is false (and let some one prove it so), specific medication is the medical hope of the world. It is the golden mean between two extremes; it is definite and reasonable; it is logical and conservative; it is brave and successful; it never kills when it fails to cure; it satisfies science and appeals to common sense, and it is ethically broad and conciliatory. This is not rhapsody; it is cold truth—truth that challenges any test. It is a sufficiently creditable thing to be a competent and conscientious Eclectic physician.

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### SPECIFIC URETHRITIS.

By W. B. Church, M. D., Cincinnati, O.

Gonorrhœa is, of all curable diseases, the most erratic and uncertain in its course and termination. However confident the recent graduate in his resources, with however much faith in his specifics, he learns at length the wisdom of a guarded prognosis when confronted with a case of genuine clap. If his first cases are of the pseudo variety he may easily become a victim of misplaced confidence, in danger of giving prognoses that will

return to plague him. The discrepancy between promise and performance, perhaps in his next case, will be painfully apparent, and increase with each passing month. The situation will be every way embarrassing, for such patients are not patient. They demand, first of all, a speedy cure. Circumstances, domestic or other, make it indispensable that the provoking, unpleasant, and not altogether excusable disability, should be promptly relieved.

If, instead of the prompt relief urged so insistently, such distressing complications supervene as phymosis, paraphymosis, prostatitis, vesiculitis, epididymitis, orchitis, or a crippling arthritis, and prolong his misery months or even years, he will not have suffered beyond all others; such cases are not uncommon. Indeed, it is quite possible for virulent gonorrhœa to prove fatal. It may be too much to say that complications can be wholly avoided by proper treatment, but it is certain that they can be made very infrequent.

Perhaps something may be gained by a closer study of pathology. To the lay mind the morbidity consists of a nasty discharge from the penis, and the cure in stopping it. As already intimated not all cases of urethritis with discharge are gonorrhœic. It is impossible to consider the question at all without apparent disrespect to such of our fellows as have no use for the science of bacteriology. What seems to us ample demonstration, establishes the fact that Neisser's gonococcus is the sole pathogenic agent of specific urethritis. At least it is the indispensable first cause, which, by its destructive work, paves the way for the invasion of other pathogenic germs. If an absolutely sterile urethra became infected with true gonorrhœa, and could be kept in an antiseptic dressing so complete as to prevent access of any other germ, it is highly probable recovery would take place without treatment. A sterile urethra, however, is hardly to be expected; pyogenic germs are practically always present in the urinary passages. These only become pathogenic after destruction of the epithelial membrane, or at least such injury or modification as to diminish or destroy its protective character. Such injury or impairment may be the result of traumatism, congestion or infection.

The special fact of interest to us in this investigation is the fact, that has been repeatedly demonstrated, that gonococci are able to penetrate between and underneath the epithelial cells, denuding the mucous membrane of its investing protective, and leaving the soft, underlying structures in a favorable condition

for general microbial invasion. The consequence is that gonorrhœa is the result of mixed infection; the gonococcus taking the lead, and opening the door to other germs, which are prompt to co-operate in the work of demolition and destruction.

As the damage done by pathogenic germs depends on their number and virulence, as well as the vigor of the leucocytes which come to the rescue, the indications for treatment are two-fold: first, and most important, to restrict the number of invaders, and incidentally to promote the efficiency of the defenders, the phagocytes. As there is no known means of destroying the gonococci outright, we are left, in meeting the first indication, to such devices as will tend to limit their number and restrict their increase and activity.

A direct method of meeting these indications is afforded by frequent copious retro-irrigations of the urethra. As we wish to avoid further irritation, we will manipulate carefully and gently, and with either plain water, or better still, normal salt solution. We will be particularly careful, also, not to add to the infection already existing, so we will observe strict asepsis. Sterilizing with scrupulous care the parts, our own hands, and all instruments. Our object in this proceeding being to wash away immediately such germs as may not have yet penetrated the tissues, together with the pus and debris attending their progress. Such being our purpose, we will see to it that the preputial surfaces are kept clean, and the penis dressed in fluffy, moist gauze, in such position as to favor drainage, and prevent retention of secretions.

To secure the best results these irrigations should be repeated from six to twelve times daily until the discharge is very much diminished. One gallon of boiled water, to which has been added two tablespoonfuls of salt, should be used each time at a temperature about 110° F. A four-quart fountain syringe hung at an elevation of five or six feet, with a rubber discharge tube attached to a No. 8 soft rubber catheter, is a sufficient outfit. When properly connected to the syringe tube, the catheter is lubricated with sterile glycerine, and passed along the urethra until it reaches the compressor urethra (cut off) muscle. It is then drawn back about an inch, and the current allowed to flow. The current is resisted by the compressor muscle, turned back alongside the catheter, and escapes from the meatus. The irrigation may be prolonged by compressing the tube occasionally. As much as ten minutes should be given to each irri-



gation. After three or four days, as the discharge diminishes, the irrigations may be reduced to three a day, and the salt solution changed to a solution of permanganate of potassium of the strength of 1 to 6000.

Most cases treated in this way will be free from discharge in ten days or two weeks; provided, they refrain from such things as are likely to aggravate the trouble, such as indulgence in liquor, or other excesses, and keep off their feet as much as possible. Complications, too, should be rarely met with, even posterior urethritis may nearly always be avoided. The disease begins in the fossa navicularis and gradually works backward; its progress depending upon the number and variety of germs co-operating.

Harsh treatment of any kind, especially too strong injections, which increase the local irritation and inflammation, tends to cause diffusion and migration of the germs, and induces the various complications and metastases already mentioned. Noting this, the advice is often given to refrain from local treatment until the acute stage subsides. Such advice is to be deprecated. The best time to begin treatment is at the earliest moment after suspicious contact; remembering that the indications are to wash away the gonococci and prevent them from destroying the epithelial lining of the urethra.

Practically, however, we are not called upon until the invaders have begun operations which involve destruction of the epithelium. In such case we will lose no further time, whatever the local conditions may be, only taking care that nothing is done to increase the congestion, and disintegration of the epithelium; that is, we will avoid all harsh, irritating chemical solutions, confining our efforts to mechanical cleansing of the parts, by removing the agents responsible for the disease, together with the debris attending their operations. Our subsequent treatment will be directed to repair of the damage done. Consideration of the best means of doing this must be left to a second paper.

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### THE DOCTOR'S SIDE LINE.

By E. R. Waterhouse, M. D., St. Louis, Mo.

Nearly every hustling physician has some side-line, either for profit or recreation. One will put in his extra time fishing, another hunting, another with blooded dogs, chickens, cattle, hogs, horses or other animals, while still another will put in time playing poker. It seems almost a necessity that he should

have something of the kind to turn his attention to for recreation. If his mode of recreation at the same time pays him a handsome profit, so much the better.

As a side-line, I am going to point the physician to the profits in raising squabs for his own table, as well as for the open market. Very few know of the advantages offered in this business, when we look at the clean cash returns that half an hour's work each day will bring. A small flock of Homers will bring in twice the cash each year that the average country practitioner receives for his services as a physician. They will thrive anywhere that poultry will, they bring better returns, they are easier handled. Chickens die of disease, while there is no known disease that affects the squab. The squab that is sought for the table is the variety known as the Homers, which unlike the ordinary bird that is seen about the streets, have flesh that is white; while the flesh of the ordinary kind becomes black as soon as they are dead. The squabs of the common variety will only bring from seventy-five cents to a dollar per dozen, while the Homers bring from three to four dollars per dozen. These are sold when they are about four weeks old, at which time they will weigh from three-quarters of a pound to a pound and a half each. The demand always far exceeds the supply. They are served at the best restaurants and hotels as quail, during the season when such game birds are not to be had, and always give satisfaction.

These birds can be kept in a wire net yard, connected with a suitable house for nesting, which can be made upon the roof of the house, or any suitable place about the yard that is free from rats, which is the enemy of the young birds.

The birds are to be fed upon wheat, cracked-corn, millet, buckwheat, and crushed oyster shells, and the net cost per year, to keep a pair of birds runs up to about fifty cents, and they will grow from fifteen to twenty birds, as they breed nearly every month in the year, not even laying off for winter. In the nesting-house the nests should be arranged either in boxes, or still better use unglazed half-gallon crocks about six inches high, and two nests must be provided for each pair of birds, as they are always using the second nest before the first one is empty of the young squabs. The same pair of birds keep working for eight or ten years, and often longer. Young birds will mate when about three months old, they are a very moral bird, always mating for life, so there is no danger of inferior stock inter-breeding.

The physician has a market for many of his birds that the poultry breeder does not, that is, among his consulting patients, as there is nothing that will take the place of a nice young squab to tickle the uvula of a convalescent. The birds must have plenty of good water both for drinking and bathing, for this latter purpose a tub should be used, and the water kept two or three inches deep.

I know a busy doctor in this city who has a flock of fifty pairs of Homers, whose income outside of the necessary feed will average \$12 a month, and he only devotes about fifteen minutes each morning to them, and enjoys the recreation. They have squabs on their table nearly every Sunday, aside from what they sell. These birds they keep in a back attic room, with a covered run-way out of the window, leading to the flying pen upon the roof. He tells me that if he had the necessary space for keeping them he could clear more money from them than he does from his practice, by supplying six of the principal hotels in this city. He pays a dollar per bushel for the wheat that he feeds, so what must the profits be to one who lives where this feed can be had cheap as it is in some smaller places.

His birds he bought at \$3 per pair, and when you remember that many of the four weeks' old squabs will weigh a pound and a half, you will realize that they are more than twice the size of the ordinary domestic birds.

I am not in the squab business, neither am I advertising for any one, but if this article will be of service to any physician who wishes to double his cash income, I shall feel amply repaid for its writing.

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### WHAT I KNOW ABOUT SALTS.\*

By L. A. Perce, M. D., Long Beach, Cal.

I might well have made my caption read, a few things I know about salts, as the brevity of this paper, as well as the length of this session would preclude one from telling all one might know of this subject.

Sulphate of magnesium, or as commonly known, epsom salts, abounds in many sources, such as sea water, where it is prepared, and separated from the bittern water after the crystallization of salt. Also in some portions of the United States and

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\* Read before the Los Angeles County Eclectic Medical Society, March 6, 1905

England in natural water, as well as in caves, and even as a rock formation nearly in a perfect state in Pennsylvania and Maryland.

Sulphate of magnesium was first found by Grud in 1694 in the saline waters of Epsom, England, from which they received the name under which they are generally known.

Salts are freely soluble in water and easily administered, though often containing impurities which should be recognized and eliminated, as these same impurities are largely responsible for any unpleasant and disastrous results from its use. The chief impurities which are liable to be found, as well as to cause the greatest defective results, are iron, and chloride of magnesium. When iron is present, the solution gives a violet or bluish tint with tannic acid; if chloride of magnesium be present, the salts deliquesces readily, according to the amount of impurities present.

The medical properties of salts are compound, refrigerant, cathartic and diuretic. Thus we see while compound, their action is confined largely to kindred organs and acting freely upon those classed as eliminants. The field of usefulness for salts is large and wide; there is no other agent equal to this for the purpose of cleaning our physical house, flushing our bodily sewers, and furnishing new dressing for our weather-beaten surface. The surgeon leans upon salts as a staff, first for the purpose of putting his operative cases upon a safe foundation for his skillful manipulation; and, secondly, for the purpose of assisting Nature to clean up all the avenues of elimination after he has placed her in a condition of repair. Well do we consider salts one of the surest safeguards after operative measures. This is so very apparent to all operators I had not intended to touch upon it, but deal more particularly with the medical side of my subject.

We are come more generally to recognize the importance of the condition readily seen and recognized as infection, which often arises from the intestinal, as well as from the urinary and circulatory tracts; in these conditions nothing can take the place of salts as an important medical factor. Take the white, dirty tongue, thick, foul-tasting, foul-smelling; temperature may be either high or sub-normal, mucous membrane pallid, odors from the mouth of patient, and, in fact, emanating from the very surface indicative of uncleanness throughout; sweet, mawkish taste in the mouth, tissues sodden, no elasticity to skin; one does not care if he gets up or lies down; fullness of ab-

dominal region, cecum full of gas—in fact, a very picture of poor physical plumbing and sanitation. A saturated solution of salts in tablespoonful doses every one or two hours, until free alvine evacuations are produced, puts new zeal and energy into such an one, and presents in a few hours to the physician an intestinal tract which can and will readily assimilate remedies which will have gained many hours in their active energy. There is nothing which will so quickly and so perfectly liquefy all the contents of a dirty, gaseous intestine, and thoroughly wash and cleanse out, as salts.

Well, but say some, the dose is terrible, the effect not pleasant. I deny it. A few drops of lemon juice, not enough to acidulate, will completely cover all the bitter taste as well as prevent griping. Again, some say the effects of salts is to thin the blood, and so lowers vitality that one chills readily. Not so, in competent hands and indicated cases. Give a person as above described sufficient salts to produce the effect noted, then see if he does not feel better; if still not well satisfied, make a blood count, examine it carefully, and you will find the condition much better than before taking.

It is not uncommon for us to find cases where a low form of fever continues for some time, with no apparent cause, when we find a thin, white coating on the tongue, in fact often very thin, the eyes inclined to yellow cast, a recurring nagging nausea upon the ingestion of even the lightest form of food. Teaspoonful doses of saturated solution of salts every hour for twenty-four hours do wonders. I might write and read to you all night and still be singing the praises of this much-abused and neglected remedy, but time will not permit.

Therefore, in conclusion, do not for one moment presume I have thrown all other drugs to the dogs and confined myself to the pleasant, palatable salts. I have only this one subject under discussion to-night, and have attempted to show you how such a simple remedy may be profitably used as a means to further the interests of our patients as well as ourselves, by preparing the way for such remedies as we may see fit to deem necessary to fill indications which arise as we gain the vantage-point of a clean receptacle for them.

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**SURGICAL DISEASES OF THE STOMACH.\***

By O. A. Palmer, M. D., Cleveland, O.

It is now much easier than formerly to determine the dividing line between the surgical and the medical treatment of the stomach, because our methods of diagnosis have been so perfected that we are able to ascertain the existing conditions of the organ. Of course, it is impossible to determine every detail before we examine the organ under close observation. Operative interference should not be undertaken unless medication fails to accomplish the desired results.

The most important surgical diseases of the stomach are stenosis of the pylorus, ulcer and cancer. Stenosis of the pylorus may be divided into benign and malignant. Cicatricial contraction of the pylorus is the most common cause of benign stenosis. This may be caused by any eroding substance or irritating matter that may be taken into the stomach, as well as by acids, in fact any ulcerative condition or cicatricial contraction that may result from any cause may produce it.

Peritoneal adhesions in the region of the pylorus or in the first few inches of the duodenum may lead to a narrowing of the lumen of this portion of the digestive tract. In contraction of the pylorus from any cause we are apt to find dilation of the stomach, which may go to a high degree with great loss of its mobility. In some of these cases the enormous dilation is a very serious complication which is hard to treat with any satisfaction.

Tumors in the region of the pylorus may lead to stenosis with inability of the stomach to do its work. These tumors are rare. Malignant tumors or carcinoma of the pylorus are of frequent occurrence. It is of great importance to determine between innocent and malignant conditions as the methods of surgical procedure can be decided as soon as these facts are known.

Benign stenosis can generally be successfully treated and a complete cure of the condition effected, while in malignant stenosis we have a difficult problem to solve. By means of the operation of pylorotomy the relief of stenosis and its sequel may be accomplished; but as a rule this is not a cure for the disease, as the atrophy caused by cancer usually persists during the remaining existence of the patient. It is very hard to re-establish all of the digestive ability of the stomach, in fact it is very seldom done. Perhaps if the operation were done in a

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\* Read before the Ohio State Eclectic Medical Society.

very early stage of the disease, better results would be obtained. Mosts cases operated on, if not too late, may receive considerable benefit, and be able to exist in a very comfortable way for years. If the stomach regains its motor ability, the intestines may perform a part of its work, and in this way nutrition may go on very satisfactorily. Unfortunately, carcinoma of the stomach is rarely operated on early enough to get beneficial results.

Stenosis of the pylorus due to adhesions is amenable to surgical treatment, and good results may be expected. The best method of operating for the bands of adhesion is to use a double ligature and separate them in a way to prevent further adhesion and trouble that may result from the operation. Quite a number of cases are on record where resection of the pylorus has been done for cicatricial stenosis. About one-half of the cases have recovered. The skill and experience of the operator will suggest the course to pursue in operating upon these cases. Pylorotomy or gastro-enterostomy in benign stenosis of the pylorus may be done with success. In some cases pylorotomy is preferable to gastro-enterostomy. If the pylorus is badly adhered to all surrounding tissue it would be impossible to re-establish the normal size of the pyloric opening.

In many cases an exploratory incision must be made before the exact operation on the pylorus can be decided upon. The operation of pyloroplasty is one that I warmly recommend, especially in cicatricial stenosis. It consists in splitting the stenosis longitudinally and then uniting the wound transversely, and in cases where this can be done the results are very favorable. Where it can be done this operation is very much more satisfactory than gastro-enterostomy. It is rare that stenosis will recur after pyloroplasty.

Loreta has recommended the divulsion of the pylorus where there is stenosis. This is done by opening into the stomach close to the pylorus, introducing the fingers or sound through this wound and dilating or stretching the stenosis as far as the tissues will allow. This should never be attempted except in cases where the tone of the tissue is good, for if it has undergone any softening, severe hemorrhages and much trouble are liable to result. Some authors declare that this operation should not be performed. I believe it should not be done except by surgeons who have a good knowledge of the conditions of the tissues when they see them.

In many cases gastrotomy for the purpose of establishing a

fistula through which the food may enter the stomach may be done with great satisfaction. Carcinoma of the cardia can not be removed, but to get a definite understanding of this condition a gastrotomy may be performed and the condition of the cardia carefully examined. Carcinoma of the body of the stomach is very rare. If this condition is found, the entire stomach may be removed with some degree of success. As this operation is of recent origin, but little is known in regard to the time that the person can live after its removal. One case has been reported who lived five and a half years after the operation. Other patients have existed nearly the same length of time without any special disturbances.

In all cases where there is a large number of adhesions or great loss of strength, much surgical interference is absolutely contra indicated, and, if anything is done, gastro-enterostomy should be performed, which is only a temporary procedure but may give considerable relief, the main object of the operation being to free the stomach of its ingesta and give the intestines a chance to do a portion of the work.

Of course, resection of the pylorus for cancer is a very dangerous undertaking and the results are very uncertain. I can not dwell too much upon the fact that the diagnosis of carcinoma should be made as early as possible and all operations done before the stomach is gone. In cases where the stomach is much dilated and very inefficient in its motor ability, the operation of gastroplication has been highly recommended by Dr. Bircher, which consists in reducing the capacity of the stomach by constructing folds in its wall and sewing these reduplications together. This is only a transitory relief but in some cases it has given quite good results, especially if the pylorus is capable of improvement so that the stomach can readily free itself of all material. Some authors recommend gastro-enterostomy for all severe cases of dilatation. One operator with whom I am somewhat familiar is very positive that very obstinate and well developed dilatation of the stomach should be operated upon if not beneficially influenced by therapeutic measures and his most favorable method and the one he considers the most suitable to all cases is gastro-enterostomy.

Now and then cases of extensive adhesions between the stomach and other organs may be greatly relieved by a mere separation of these, and a few cases have been reported cured. When there are ulcerative cicatrices causing stenosis of the pylorus, operative interference should be considered. The



symptoms that indicate a surgical operation are frequent and violent gastric hemorrhages that generally endanger the patient's life. As soon as the ulcer is found a gastro-enterostomy should be made. Where ulcers are in the posterior walls of the stomach, as a rule an incision can not be made. Gastro-enterostomy is very satisfactory in many cases where there are extensive hemorrhages, as it allows the food to pass through the artificial passage and not irritate the structure from which the hemorrhage takes place.

In all cases of perforation of the stomach or intestines surgical interference is positively indicated, and the earlier it is done the better, but after eight or ten hours a successful operation need not be expected, although cases have been reported to have recovered after twelve hours. All operators should look for more than one perforation. The most common point of perforation is the anterior wall of the stomach near the cardiac region. This part should be examined first. Probably the main reason why perforation occurs here most frequently is that adhesions rarely form in this part of the organ. Gould says that ulcers of the stomach found in the posterior walls very rarely perforate, not over two per cent., but eighty-five per cent. of those in the anterior wall perforate. The majority of the perforations of the posterior wall pour the contents of the stomach into the peritoneal cavity. Spontaneous recovery from perforation is possible only when the stomach is completely empty at the time the perforation takes place. It must be remembered that in cases of perforation all food should be immediately withheld. All operations for closing perforations should be done as early as possible, the entire stomach tissue examined and the peritoneum thoroughly cleansed before closing the abdomen.

In cases of erosion of the mucous membrane of the stomach where the patient is unable to take any food by the mouth, jejunostomy may be performed with some degree of success. In all cases of operation upon the stomach from any cause, no food of any description should be allowed for several days after the operation, seven to ten days at least. My custom is to use normal salt solution enemas, adding predigested foods to this solution. Statistics show that ninety-five per cent. of the unoperated acute perforations of the stomach or duodenum prove fatal within the first twenty-four hours. After all of these operations Brunner teaches that if the abdominal cavity is much soiled it should be flushed with normal salt solution.

All operations should be done within the first eight hours, and one-third of the patients should recover.

I wish to mention a condition that I have seen and is mentioned by one or two authors. It is like a round ulcer but it is on the external surface, facing outward, and leaves the mucous membrane of the stomach intact. Some years ago I made a post mortem examination where I found an ulcer had perforated, and an external ulcer with a mucous membrane intact within two or three inches of the perforated one. Dr. Hayem says that in its course it passed through three stages: first, resembling a vaccine pustule, then a kind of a sack, and, finally, a cupola projecting around a defect involving all of the layers of the stomach wall down to the mucosa. He first observed it in eight cases, and always existing with chronic ulcers on the inner surface of the organ. He thinks it is due to some casual pathogenic process, and that abnormal gastric ulcer can not be the principal factor in the evolution of an ulcer of the stomach wall. He also states what I have observed, that nervous influences are more responsible for these lesions than any cause inside of the organ.

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#### A QUESTION OF PROFESSIONAL SECRECY.

A paper read recently before the Obstetrical Society of Cincinnati, U. S. A., by Dr. E. S. McKee, had for its title "The Ethics of Gonorrhœa in the Female," and for its subject the difficulties which may beset the medical man in preserving the secrets of his patient consistently with his duty to society where venereal disease in a woman is concerned. In a case of this kind it is hardly necessary to point out that the knowledge acquired by the medical practitioner in the exercise of his profession is not confined to the fact that his patient suffers from a disease. It may place her reputation in his keeping, so that it is in his power to destroy it; or circumstances may come under his observation during his treatment of her which may render him the one person who can effectively maintain her honor. On some occasions, again, he may acquire the secret of the dishonor of a man or of a woman other than his patient. In short, the complications that may arise are numerous and each case must be dealt with according to its merits, always keeping in mind certain broad principles of professional conduct.

In the paper referred to, a curious instance is given of a case in which the duty of the medical man was not altogether clear,

and in which he had a legal decision to guide him with which he did not agree. A young man came to Dr. McKee and confessed that he had infected his wife with gonorrhœa. Dr. McKee successfully treated her for it. Meanwhile the husband confessed to his wife also what he had done and apparently had allowed her to infer that her medical attendant knew to whom her disease was due. Later on, divorce proceedings were initiated by the wife, and Dr. McKee received the United States equivalent to a subpoena, a somewhat drastic form of summons enforced by the presence of a constable, to come and testify to what the husband had told him. This he declined to do. The American law accords privilege to knowledge obtained from the patient in the course of professional treatment, but the judge decided that this did not apply to the evidence sought for in the instance before him on the ground that the wife was the patient, and that the confidence, the revelation of which was sought, was not hers, but her husband's. In England no privilege attaches so as to protect the medical man in any case, but the principle upon which he resists the effort to extort from him in the witness-box the secrets of his patients is no doubt that upon which the American law was originally founded. If we regard the question decided by the judge as a matter of principle we shall see that the point is one not quite easy to determine offhand. The husband, no doubt, spoke in confidence to Dr. McKee and was entitled to have his communication jealously guarded. On the other hand, the wife was the patient, and directly she alleged that she had contracted venereal disease and had been corroborated as to this by her medical attendant; her honor was impugned unless she could show that her husband and no one else had infected her. Dr. McKee questions the soundness of the judicial decision and observes, probably correctly, that if he had attended the husband for gonorrhœa, as well as the wife, he could not have been ordered to give evidence on the subject. It may be considered, however, that on the question of principle the medical man is not bound to keep a secret which the person confiding it to him has himself given away, as he is in cases where his confidant has done his best to preserve it. The husband in Dr. McKee's case had told his secret to his wife, and he had apparently also told her or had allowed her to infer, that he had told her medical adviser. In such circumstances he certainly had no right to complain if the medical man obeyed the judge's order without demur.—*London Lancet*, Feb. 18, 1905.

## EXAMINATION QUESTIONS.

## Utah State Board of Examiners.

## OBSTETRICS.

1. What are the causes and treatment of "morning sickness?"
2. What do you understand by "quickening," viability, and ophthalmia neonatorum.
3. What is placenta prævia, and how managed?
4. How would you manage the third stage of labor?
5. What is psoriasis and how treated?

## GYNÆCOLOGY.

1. What is ectopic pregnancy? How diagnosed and treated?
2. Describe vaginal hysterectomy.
3. Describe and treat pyosalpinx.
4. Describe perineorrhaphy.
5. How would you treat procidentia uteri?

## CHEMISTRY.

1. What is the antidote for nitric acid poisoning?
2. Compare ozone with oxygen as to (a) occurrence, (b) properties.
3. What is the official name for (a) calomel, (b) corrosive sublimate, and what are their chemical formulæ?
4. State the general properties and mention the component elements of proteids.
5. Give the constituents of the atmosphere—the per cent. of each.
6. What is the official name for methyl hydrate?
7. Mention the elements existing uncombined in nature.
8. Give the name, symbol, valence, and principal physical properties of each of the halogens.
9. Explain the constitution of the fats and the process of saponification

## ANATOMY.

1. Sterno-mastoid—origin, insertion, nerve supply and function.
2. Origin of branches and muscles supplied by the fifth nerve.
3. Describe the pericardium.
4. Give divisions of the aorta and branches of each.
5. Name the muscles in the thigh and their nerve and blood supply.
6. Describe the microscopic anatomy of bone.
7. Describe the brachial plexus and make drawing.
8. Name the bones of the foot.
9. Describe the superior vena cava, length and what forms it.
10. Name the bones of the ear.

## SURGERY.

1. Give cardinal symptoms of all fractures. Give special symptoms of olecranon.
2. What are infective granulomata? Give examples.
3. What is staphylorrhaphy? Uranoplasty? Lithotomy? Elytrotomy?
4. Give symptoms of enlarged prostate, diagnosis and form of treatment
5. What are the different forms of fistula in ano. Give treatment.

6. Give classification of aneurisms. How may spontaneous recovery occur?
7. Give source of loose and foreign bodies in joints. What joint is most frequently affected?
8. Name general anesthetics, give advantages and disadvantages.
9. Give functions of ciliary muscle.
10. Give function of choroid.

#### HYGIENE.

1. What is absolutely necessary for the maintenance of the healthy functions of the body? Define hygiene,
2. Define asepsis. What is an antiseptic? What is meant by the term disinfection? Name five disinfectants, not including sulphur or formaldehyde. What is a deodorant?
3. Where is the contagium of typhoid fever found? How may it be carried? How may the disease be prevented from spreading?
4. Give details of fumigating a room where a patient has died from small-pox—first, by the use of sulphur; second, by formalin.
5. In ventilation what must be taken into consideration? Describe a practical method of ventilation for a sick room.

#### PHYSIOLOGY.

1. Name four principal excretories of the body, and describe the functions of each.
2. Define and classify metabolism. Define and give an example of metastasis.
3. What constitutes respiration? Through what structures of the body does air pass in entering or leaving the lungs? To what is coagulation of the blood due?
4. Define peristaltic action, and describe the mechanism and purpose of the same.
5. What is the function of nerve fibres? Define and give an example of reflex action.

#### HISTOLOGY.

1. What is histology? Differentiate between histology and biology.
1. Describe the red blood corpuscles; the white corpuscles.
3. Give the function of each.
4. Describe briefly squamous, columnar, and ciliated epithelium.
5. Give some of the locations in which each are found.

#### MEDICAL JURISPRUDENCE.

1. Give a good medico-legal definition of insanity.
2. In a body partially decayed, what would guide you in your efforts to identify the sex, the outward and obvious signs being obliterated by decomposition?
3. Tell how strychnine causes death, and give post-mortem appearances, especially as regards rigor mortis.
4. Define medical jurisprudence, give synonym, and state in what particular, if any, it differs from state medicine.
5. What would you consider a lethal dose to an adult person of carbolic acid, chloral hydrate, hydrocyanic acid, morphia sulph., assuming that habit had not established a tolerance.

## BACTERIOLOGY.

1. Describe a culture and how it is artificially done.
2. How would you mount a specimen? Describe the staining and the whole process from beginning to end.
3. What dyes are mostly used?
4. Differentiate between saprophytes and parasites.
5. What are mordents?

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## SETON HOSPITAL REPORTS.

PROF. L. E. RUSSELL, SURGEON.

CASE 88.—Man 48 years of age, referred to the clinic by Dr. T. C. Dodds, of Hartford City, Ind., on account of an urethral fistula, which had broken through the urethra near the prostate gland, and carried urinary infiltration out into the right thigh. This condition seems to have been due to a tubercular lesion, and possibly aggravated by attempts at forced dilatation of the urethral tract before the case came under Dr. Dodds' observation. I have found that the only way to meet these cases successfully consists in opening the fistulous tract from its distal end, and dissecting out all the tract up to its beginning. In this case we find about one inch of the lower half of the urethra destroyed, and the discharge from the abscess, or fistulous tract, seems not unlike that of other cases of tuberculosis. We shall, therefore, extend the incision from the proximal opening through the prostate gland into the bladder, making a typical lateral lithotomy cut. We shall follow this with a thorough curettage of all the diseased tissue that we can possibly reach with the sharp curette, pack with iodoform gauze, and allow nature to complete the recovery of the case. Anything less than this method of dealing with these fistulous cases only invites disaster. This patient was able to return to his home in three weeks, having made a complete recovery.

CASE 89.—Mrs. M., referred to the clinic by Dr. Lee Strouse, of Covington, Ky. This patient has been an invalid for quite a number of years—in fact, we might say since the beginning of womanhood. She was married at the age of seventeen, and soon after developed pelvic peritonitis; which, for the last three or four years, has recurred at irregular intervals, until at the present time we have this condition: an enlargement extending up out of the pelvis to the umbilicus about the size of a child's head; the Douglas' cul-de-sac filled with a mass forcing the uterine cervix tightly up under the pubic arch; and the whole

pelvic vault seems completely packed, and everything perfectly immobilized. The patient is quite anemic, and of the blond type; and the general appearance is of one very septic. She has been in the hospital three or four days preparing for the operation.

We make an incision in the median line, extending well up around the left of the umbilicus, so that we may deal with the tumor mass as much by inspection as possible. On opening down into the abdominal cavity, we find the pelvic cavity completely walled off from the abdominal, by omentum, intestines, and a part of the transverse colon. There seem now to be no normal anatomical landmarks where we could proceed with the dissection. In this case we seek the superior border of the bladder, and by careful dissection with the finger tips, we are enabled to open into the pelvic cavity and come upon the uterine fundus, which is bound down by plastic exudates. We trace along the uterine fundus, and we find both tubes enlarged ten times their normal size and filled with pus, and the distal ends tied down by masses of pus in either iliac space. The appendix is also involved with the right tube and ovary, and it too must be excised before we can remove the pus tubes from the right side. We have also a condition of binding down of the posterior part of the uterus to the rectum, to such an extent that it is only with great difficulty that we can determine the two tissues and separate them. This must all be done with the finger tips, feeling first of one tissue and then of the other, and then forcing the fingers within, backwards and forwards, or in flaying fashion, until we come to the bottom of Douglas' cul-de-sac.

We are now in position to make an incision from the vaginal side up through Douglas' cul-de-sac for drainage; and this is a very important factor towards aiding in the recovery of the case. We insert iodoform gauze, which will readily be drawn down through Douglas' cul-de-sac, and replaced by a fresh strip of the iodoform gauze after the toilet of the pelvis has been well made up. We now commence the dissection of the left tube and ovary, and with them we are forced to remove the uterus—pan-hysterectomy. Hot gauze sponges from normal salt solutions have been kept constantly over the intestines, and extended well up into the upper abdominal cavity, for the purpose of stimulation, and also to prevent shock. In the conclusion of the dressing we shall pass through Douglas' cul-de-sac one end of iodoform gauze, full size and width, one and one-

half yard long, covering all traumatic surfaces; with instructions that the attending physician remove daily about one foot of this gauze, until all has been removed. A very important part of the treatment of this case with the gauze drainage, is to observe this rule: If the patient remain badly shocked, or if the gauze seems to act as an obstruction, the attendant physician or nurse must at once remove a foot or more, a sufficient quantity to relieve the compressed bowel, and also as a preventive of excessive drainage remaining in the pelvis and becoming septic, the success or failure of a case often turning upon this point and the discretion in the dealing with the drainage at the proper time.

Dr. Strouse was called into this case after the patient had passed through the hands of a great many physicians, and he is deserving of much credit for his prompt diagnosis, and the engineering of the case to a successful recovery.

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## EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTE, M. D.

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### NASAL POLYPI.

This is one of the most common of the pathological conditions of the nose. There has been an attempt to demonstrate the more frequent occurrence of nasal polypi in women than in men, but recently we have come to the conclusion that they are equally frequent in men and women. They are unilateral in about 30 per cent. of cases.

It is in no sense a myxomatous growth—there is no myxomatous tissue in it, and yet all the older text-books recur with this statement. It is nothing more nor less than an edematous, fibromatous growth, an edematous fibroma, as Jonathan Wright has called it. The work that Wright and Mackenzie have done has established that. It is an area of loose areolar tissue containing a serous exudate. The amount of fibrous tissue is very variable. It may vary from none at all to a great deal, but there is nothing at all of a myxomatous character in the nasal polyp.

*Etiology.*—What is the cause of the nasal polypus? There we are at once confronted with a question which has caused much animated discussion. Twenty years ago Wilks, the English pathologist, advanced the idea that it was necrosis of the ethmoid bone. This view has been very emphatically combated



by our best pathologists both here and abroad, particularly by Hajek. We have according to him the disease of the ethmoid in connection with nasal polypi beginning in the epithelium. The mucosa is first involved and the disease proceeds from the surface down to the deeper parts; so we have with the polyp at length, or in most cases, an involvement of the bone. There is a growing out in the interior of the bone of osteoblasts, and at the same time that this formation is going on there is a development of osteoclasts, the result being that we have a rarefying osteitis and a destruction of bone. I believe that the disease begins on the surface, as Hajek claimed, and not as Wilks claimed, and proceeds to the deeper parts. Some ten years ago Gruenwald insisted that every case was due to involvement of the nasal sinuses. We know that in many cases there is involvement of one or more of the sinuses, but there are many other causes. We are not at all sure that nasal polypi do not cause sinus disease. Injury has been brought forward as a very plausible cause. Clark, of Boston, in 147 cases of nasal polypi—his statistics are more or less incomplete—found a clear history of injury in five. A person may receive a severe blow, direct or indirect, and in a certain length of time there will come a formation of polypi.

Nasal polypi are situated usually in one locality—on or about the middle turbinated bone, in the majority of cases attached to the inner border of this bone. If we exaggerate in saying that the majority are found here we can say that in a certain percentage of cases they are found here, and in the remainder in the fronto-nasal canal. This is a canal running from the frontal sinus downward and backward, opening at its lower end into the maxillary sinus and at its upper end into the frontal sinus. It is formed by two bodies, one in front, the unciniate process, and the other behind, the bulla, both processes or cells of the ethmoid.

In the majority of cases nasal polypi are multiple, rarely solitary, and, as I have said, the most frequent point of attachment is on or around the middle turbinated bone.

*Treatment.*—As to the *treatment*, I can freely and frankly state that any treatment which does not thoroughly eradicate the attachment is going to be temporizing. If a case presents itself to you, one or both sides being involved, your first step is a correct diagnosis. It can not easily be confounded with sarcoma, as with sarcoma there is hemorrhage, which is not associated with polypi, and a sarcoma is usually attached to the

septum, which is rarely, if ever, the case with polypi. Having made the diagnosis, the treatment must be radical. The removal of the polyp itself can best be accomplished by the cold wire snare. I do not mean to say that some of you have not used successfully the hot snare, but it is much more expensive and much more cumbersome. The Sajous modification of the Jarvis snare is all that you require. It will serve you in very good stead in the majority of cases that come to you, and takes much less time to wire than most of the other snares.

The method of removal demands thorough cocainization, or, better still, cocainization and adrenalization. Introducing the snare it is passed to the outside of the polyp, and firm pressure made, remembering that the growth is high up in the nose. The polyp may hang down, but the attachment is high up. When you have thoroughly cleaned out the polyps you are ready to do the next thing, which is to discover the true condition of the neighboring part. In every case you should try to discover whether it is one of those rare cases of sinus disease. Clark insists that when you have a patient with polyps complaining only of discharge the sinus disease was the cause; on the other hand, when he complains not of the discharge but of obstruction, the cause could not be determined. The second step, then, is to study the sinus condition, and the third step is to remove all, or much as you can, of the middle turbinated bone. I think it is well to bear in mind that not in one or two cases but in every case there should be removal of the turbinate, also a thorough curetting of the ethmoid cells.

Polypi and ethmoiditis, as we have stated already, are intimately associated. Many claim that polypi are the sole cause of ethmoiditis. That is too sweeping. We do not have them due to traumatism and we do have them due to sinus disease, but it is true that polypi are present in a great many cases of ethmoiditis. As we have just said, the question has been much discussed and studied, but it is by no means exhausted. We have seen in ethmoiditis an involvement not merely of the mucosa, but of the connective tissue and even of the bone itself. We may have (a) latent ethmoiditis, that is where there is a discharge of pus from time to time, from the nose; we may have (b) *manifest* ethmoiditis, with lesions in the orbit; and, finally, we may have (c) *encysted* ethmoiditis—a mucocoele or a cavity containing pus, but this is a very rare condition. In every case where there is a suspicion of ethmoiditis it is necessary not only to remove all the polypi but to curette very thoroughly the ethmoid cells.

If you will recall the fact that this naso-frontal canal is associated with three sinuses, the frontal, the maxillary and the ethmoidal, you will easily see how rare it is to find a simple involvement of one sinus.

I have spoken thus far of the microscopic appearances. I need to add only in conclusion that the *symptoms* are simply those of obstruction in most cases. There is difficulty in breathing, and a good deal of watery discharge from the nose. The polyp itself is a semi-transparent mass, easily movable and not very vascular.

With treatment followed out in the way I have indicated to you, the prognosis is good.—*Dr. Harris, in Post-Graduate.*

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#### FUNCTION OF THE TONSIL.

The author has made careful histological studies and brings forward three propositions for discussion. These are: 1. The older forms of leucocytes are derived by a continuous development from the younger lymphocytes. He thinks the lymphoid cell must be considered to be a young form of leucocyte capable of growing and undergoing certain morphological changes. 2. The lymphocyte is originally derived from the epithelial structure. In this connection the thymus gland plays the most important role. Recent research has practically established the fact that there is a direct conversion of the epithelial cells into lymphocytes in the center of the ingrowing sprout of epithelium in the thymus, before any outside structures could have influenced this metamorphosis. 3. There exists a strong histological evidence that lymphocytes are directly derived from the epithelium of the tonsillar crypts. In the development of the tonsil there is an ingrowth of epithelium into the mesodermic tissue before any lymphoid cells can be seen in this region. The first lymphocytes in the tonsil are found directly around this epithelial ingrowth and are characterized by fine anastomosing processes of protoplasm. A careful histological study has convinced the author that the epithelium of the crypts exhibits a marked tendency toward constant growth. This is shown by the penetration of the epithelial cells into the parenchyma of the tonsil and the formation of keratoid masses in the lumen of the crypt. There also exist transitional cells by which all stages may be traced between the epithelial cell and the lymphocyte and the variation of types in the latter is most marked in the region of the cryptal epithelium. The degree in infiltration of the epithelium holds no relation to the cryptal contents. On the other

hand, the ingrowing sprouts of epithelium possessing no lumen show as much, if not more, infiltration than the true crypts. The complete destruction of the cryptal epithelium is a rare occurrence, almost always a sufficient number of epithelial cells being left to provide an intact barrier along the surface toward the cryptal lumen.

The author thinks he is justified in saying that the truth of his three propositions has been established, and that an affirmative answer must be given the question, "Is the tonsil a primogenial source of leucocytosis?" If to the tonsils is accorded the function of leucocytic primongogenesis, their presence in the human economy is explained. The leucocytes are intimately connected with various tissue changes, and the tonsils are the largest and most fully developed at the time of life when tissue changes are most active—in childhood. The tonsils take up the function of the thymus gland after this; atrophies earlier in life. Furthermore, the author thinks that the adenoid tissue in the adult may be carrying on the same work which was accorded the tonsils in childhood.—*G. B. Wood, M. D., University of Pennsylvania Medical Bulletin.*

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#### **SYPHILOMA OF CILIARY BODY.**

The first appearance of the syphiloma frequently is a small nodule in the iris-angle of the anterior chamber, from whence it takes its way outward through the sclerotic or into the anterior and vitreous chambers, with exudations in the former as hypopyon spurium. Only 9 per cent. of Ewetzky's series had been free from iritis. The pupil is mostly changed by posterior synechiæ of the iris and membranous exudations, preventing more or less the examination of the posterior parts of the eye. These are frequently more or less seriously affected; for instance, with congestion of the retina, retinitis in white patches, and post-neuritic atrophy of the optic disc. The shape and mobility of the globe are damaged in many ways. As to sex, there were 47 men against 215 women; 52 per cent. were between 20 and 30 years old; 28 per cent. ended in phthisis bulbi. In 30 per cent. the enucleation was made.—*Herman Knapp, Journal of the American Medical Association.*

## PERISCOPE.

### ETIOLOGY OF DYSENTERIC DIARRHEA IN INFANTS.

Dr. H. Cooper Pattin, the medical officer of health of Norwich, has compiled some interesting statistics concerning the diet of infants who died from diarrhoeal diseases in the area under his jurisdiction between August 1st and September 21st of this year. The investigations were made for the medical officer of health by a lady inspector who instituted a house-to-house visitation for the purpose of the inquiry. The number of cases included in Dr. Pattin's statistics only amount to 70, not a number from which any general deductions can be drawn, but the inquiry is of value as showing that in this case at least some relationship can be traced between improper methods of feeding and mortality from diarrhoeal diseases among infants, thus corroborating the views expressed by the medical officers of health of Birmingham, Salford, Stockport, Southend, and of several other large centers of population. Of the 70 infants who died from causes referable to diarrhoea, only 7 were exclusively breast-fed, 19 were partly breast-fed and partly bottle-fed, while 44 were variously fed on boiled milk, boiled milk and barley water, and boiled milk with the addition of a patent food. Without statistics to show the relative proportions of infants who were fed from the breast and by means of artificial substitutes it is impossible to draw any trustworthy inference as to the general incidence of diarrhoeal diseases in these two classes of infants. However, it is probable that in a borough of the character of Norwich a very considerable proportion of infants are breast-fed, and consequently it is reasonable to suppose that these statistics do actually support the view which Dr. Pattin evidently wishes to convey, namely: that the mortality of infants from diarrhoeal causes is greater among bottle-fed than breast-fed infants. These investigations further elicit the information that in 23 out of 44 bottle-fed cases the milk was kept in the house over night and that in practically every instance the milk was preserved in uncovered receptacles in the living room. In 51 instances insanitary feeding bottles with long India rubber tubes were employed. These revelations disclose a most deplorable state of ignorance on the part of the mothers in this district, but it is improbable, if similar careful observations were made in other urban districts, that a higher degree of enlightenment on the question involved would be discovered.

Investigations on the subject of the etiology of summer diarrhœa in England, although clearly pointing to the association of certain specific bacilli and the incidence of the symptoms, nevertheless leave a great number of points in doubt, and these hiatuses in our knowledge chiefly refer to the method of entrance of the bacillus itself and to the conditions favorable to its development in the intestinal tract. Other matters that are undecided in connection with this question are the natural distribution of the bacilli outside the body and the part which the atmosphere, the water, and the milk, respectively, play in their further dissemination. There is, indeed, evidence for believing that flies or other insects may be the media of infection. It is, however, by systematic inquiries, such as those carried out by the medical officer of health of Norwich, that we may expect ultimately to find an answer to such questions, and it is gratifying to see that many of our officers of health are taking up the question of infant feeding with zeal. In America the Rockefeller Institute for Medical Research has recently undertaken to support an investigation with a view to the elucidation of the bacteriology of summer diarrhœas in children and to defray the expense of testing upon infants suffering from one or another of the varieties of the disease the value of an anti-dysenteric serum obtained from horses which have been previously inoculated with the bacillus dysenteriæ. The report of the investigations which have so far been concluded has been edited by Dr. Simon Flexner and Dr. Emmett Holt. Its perusal leaves little doubt that most, if not all, serious dysenteric diarrhœas in infants are associated with, if not directly due to, the presence of either the Shiga of Flexner-Harris variety of the bacillus dysenteriæ; indeed in the extended researches which have been conducted to test the value of the antidysenteric serum it has been assumed that this casual association does exist. Although the results so far obtained from the use of the antidysenteric serum do not permit of any very definite expression of opinion as to its therapeutic value or general trustworthiness, nevertheless they are sufficiently encouraging to justify a continuation of the researches on the line hitherto pursued by those investigators who have been working in co-operation with the Rockefeller Institute. Since at present there are no means at hand of clinically distinguishing the different varieties or, perhaps more correctly, strains of bacilli to which the infection in any individual case may be due, it has been found advisable to employ a polyvalent serum obtained from animals immunized against the two more definite types so far recognized, namely: the Shiga and

the Flexner-Harris bacilli. For, although the Shiga serum is not without some effect in infections with the Flexner-Harris type of organism and *vice versa*, the effect is noticeably better when serum is employed which is possessed of a polyvalency.

With a view to the prevention of the disease this report from the Rockefeller Institute well deserves attention, since it establishes beyond a doubt that these dysenteric diarrhœas are contagious, although the degree of their contagion and the method of the distribution of the micro-organism concerned are not yet proved. In summing up the clinical conclusions which may be drawn in reference to the question of infection, Dr. Holt says: "From present experience a high degree of contagion does not seem probable; the spreading takes place most likely through the discharges; this calls attention to the necessity for disinfection and the closest attention to prevent contamination of food or water by persons handling the child's napkins." This recommendation is of special interest when taken in conjunction with Dr. Pattin's observations, namely: that in the great majority of fatal cases some gross act of negligence is usually discoverable, either as regards the manner in which the milk is handled and kept or as regards the use of unboiled water and insanitary feeding bottles. Acts of carelessness in respect of these details will probably be combined with carelessness in other directions—as, for instance, in the disposal of the ejecta and the washing of the napkins, so that in one and the same household all the conditions may conceivably be present for the transmission of infection material from the sick child to the otherwise healthy infant. The fact that the Shiga or Flexner-Harris bacillus appears to be a more or less normal constituent of the bacterial flora of the alimentary tract in infants may explain some of the cases of apparent autogenous origin. In these cases it may be assumed that the natural powers of resistance have been reduced to the danger point by various debilitating conditions. Such a view, however, does not in the least lessen the advisability of taking every precaution to prevent the further dissemination of the virus, and further it emphasizes the necessity for maintaining the powers of resistance of the infant at the highest pitch possible by the best methods of feeding.—*Editorial London Lancet.*

**SURGICAL PRACTICE AMONG CHILDREN.**

C. LeGrand Kerr, after discussing those surgical conditions that are either peculiar to or more frequent in children, says that children as a rule bear operations better and give better results than adults. But children are very susceptible to four things: hunger, cold, loss of blood and pain.

It is a simple matter to withhold food from an adult previous to the use of an anæsthetic, but a cup of warm but diluted milk, given two or three hours before the anæsthetic, will do much to relieve the subsequent suffering of the child.

A child wrapped in cotton and wool during and for some hours following the operation, will give better results than one not so protected. Guarding against loss of blood entails quick, decisive work, as well as the use of all the usual provisions against hemorrhage. The loss of one ounce of blood in an infant equals in its effect upon the economy, the loss of thirty-three ounces in the normal adult.

A child should never be allowed to suffer pain or loss of sleep which lessens its resistance after operation, unless pain has a distinct diagnostic value.—*Archives Pediatrics.*

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**HEART AND STOMACH NEUROSES.**

Schoen (Munchener medicinische Wochenschrift, vol. li, No. 40) some time ago announced that every case of unilateral headache which he has ever encountered was accompanied by some eye defect, and was permanently cured by correction of the latter. He now reports a number of cases of chronic stomach or heart trouble which were likewise accompanied or rather preceded by an eye trouble, and were permanently cured by its correction. The eye trouble in all these cases was upward squint. These heart and stomach neuroses differ from the migraine in the respect that they occur only with upward squint, while the migraine is liable to accompany astigmatism and hypermyopia. The author has had more than a hundred patients with these rebellious heart and stomach neuroses cured by correction of the upward strabismus. Such subjects are peculiarly liable to suffer from seasickness and nausea in swinging. The symptoms implicate the vagus, especially the cases with retarded pulse, hyperacidity, and exaggerated salivary secretions. The subject has to make demands on a special innervation to combine the pictures seen with the two eyes and thus compensate the defect during his waking hours. This task becomes more



and more laborious in time, and the fatigue experienced spreads to adjacent nerves. The overexertion of the innervation for accommodation induces headache, but the overexertion of the innervation of the elevator and its antagonist is transmitted to the vagus. The pulse returns to normal and the hyperacidity vanishes at one stroke after the correction, with the precision of a physiological or physical experiment. The patient usually came to the author after having passed from one physician to another. The diagnosis in the stomach cases had been chronic catarrh of the stomach, dilatation, hyperæsthesia, nervous dyspepsia, nervous gastric troubles, and even round ulcer (but without hæmorrhages). One doctor diagnosed one of the above, and the next, another affection, until all united in accepting a purely nervous origin for the trouble. The same is true of the heart symptoms. When asthenopic disturbances were noted they were unhesitatingly attributed to neurasthenia or the stomach trouble, when in reality the reverse was true—the entire symptom-complex was the result of the eye defect, and vanished on its correction.—*Journal of American Medical Association.*

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**MONGOLISM.**—*Dr. J. Muir in Archives of Pediatrics.*

This term has been used to describe a certain type of congenital imbecile whose members present the facial peculiarities of the Chinese. The writer has studied and analyzed twenty-six cases of this condition. Mongolism is different from other congenital types of mental feebleness, such as cretinism, congenital hydrocephalus, microcephaly, and the birth-palsies. By some they are classed as imbeciles, by others as idiots. His own cases varied, some of them being a very low grade, but others presented only mental feebleness. He defines it as a type of mental weakness of congenital origin characterized by certain constant cranial, and later by lingual, changes. In his series of twenty-six cases there were fifteen males and eleven females. The Mongolian cast of features was so marked that it was noticeable in children soon after birth in many cases. The occipital frontal circumference was diminished, the average being about one and one-third inches. In some cases the size of the head was nearly normal, while in others the circumference was 2.25 inches below the standard. The heads in all cases were broad, there being a shortening of the anteroposterior diameter. The fontanels were open late. The face is flat and often depressed as a whole. Strabismus occurred in seven of

the cases and nystagmus in five. Epicanthus occurred seven times. Adenoids were common. The papillæ of the tongue were hypertrophied, and palatal deformities were present in 65 per cent. The teeth appeared late and irregularly.

The majority of the children were weak from birth, and they were on the average three and one-half inches below the normal height, though there were four cases in which the children were above the average height for their ages.

The mental condition in fourteen cases was a low-grade idiocy, in four of medium, and in seven of high grade. Speech was late. The development of speech was in the same order as in healthy children. The best results achieved by any of his cases was in one who could say "mamma," "papa," and other simple words. Some of the higher grade cases would get to where they could feed themselves. His best educated Mongol could spell "Monday" and knew the year and month. This patient was so backward that he was refused admission to the special classes of the London School Board for backward children. The mortality among this class of idiots is high. The treatment is of value only in so far as it builds up the general health. Thyroid and thymus gland are of no value.—*Medicine.*

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#### MALARIA IN CHILDREN.

Aguiler Jordan, D. J., analyzes the clinical peculiarities of malaria in infancy and childhood, as compared to the manifestations of this disease in adults. It may be asserted that, in virtue of the special resistance and capacity for reaction of the child's organism against the parasite of malaria, the infection with this agent in children does not take the same form as in the adult. The variability of the symptoms of malaria in children is such that we can not expect the occurrence of those classical features of malaria which render the diagnosis easy in adults. Instead of the three stages of chills, fever and sweating, we have in the child, either a complete absence of chills or the substitution of convulsions; the fever is usually of longer duration in children than in adults, and the sweating may be completely absent, or is usually very slight. The variations in the periodicity of the attacks in children are very marked. It is common to see one attack of fever at noon, another in the early morning of the next day, a third in the evening, during the night, etc. This is in great contrast to the

exact recurrence of the malarial attack at the same hour in adults.

As regards the type of fever in children, the remittent or subcontinuous type is more common than the intermittent, and there is a type which does not correspond to any form, known as the "ataxic type of Ferreira." In this type the fever, which lasts for a considerable time, does not show any definite form, but occurs in the shape of exacerbations which are repeated at different hours. Moncorva has termed this form a "thermic arrhythmia." Another form is the acute apyretic type, which is characterized usually by catarrhal symptoms of the intestines, a coated tongue, loss of appetite, constipation diarrhoea, meteorism, malaise languor, etc. Some children complain of erratic pains in the lower limbs, the arms, and the abdomen. The abnormal larvated and pernicious forms, present a number of clinical types, but in these the increased size of the liver and spleen are of diagnostic value.—*Archives Pediatrics*.

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#### MEASLES.

The writer gives the results of observations on 227 cases of measles, and calls attention to the importance of this dangerous disease, which is responsible for an annual mortality of 10,000 to 12,000 infants. The incubation period, as determined by tracing the source of infection definitely in 84 cases, varies between 6 and 18 days, the average being 11.2 days. The prodromal symptoms, usually stated to be pyrexia, cough, and coryza, also include others on which considerable stress is placed. Vomiting occurred in 65 per cent. of the cases during the invasion period of the disease. Diarrhoea was present in 28 per cent. Epistaxis was present in 10 instances. Laryngitis was present in 8.5 per cent. of cases. The writer lays particular stress on the subject of Koplik spots. In his series of cases 214 were examined particularly for this sign, which was present in 97.7 per cent. Many make mistakes in the recognition of these spots. Those which should be distrusted are spots the size of a pinhead or larger; those which appear to be part of the mucous membrane itself and not raised above it; spots which tend to coalesce; and spots on a normal mucous membrane devoid of any trace of hyperæmia. Their value as an aid to early diagnosis is lost in the case of young infants, as they are seldom found until the rash is present.—*H. Balme, Practitioner*.

**CLUB-FOOT.**

Most writers on this subject advise beginning treatment as early as possible: at birth or soon after. The author differs from this view and doubts the advisability of instituting treatment at this early stage, and prefers waiting until the child is able to walk. Appreciating the ossification periods and all the arguments advanced in favor of early treatment, yet he is not convinced that enough is gained to justify the continued interference with the nutrition of the child at the time when every effort must be directed to perfect the infant feeding and hygiene. The excoriations, strained tendons and ligaments must surely inhibit digestion, and if digestion is inhibited, nutrition can not satisfactorily proceed. Although he declines to treat clubfoot in young infants until they are able to walk, he does not infer that nothing ought to be done during the first eighteen months. The severe forms of treatment should be mitigated, as it is well known that a large number of cases of moderately high degree are corrected by the hand of the mother. This good work should merely be supplemented by simpler forms of apparatus.—*V. P. Gibney, American Medicine.*

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**THE MATERNAL HEART IN PREGNANCY.**

When there is distinct evidence of failure of compensation, or when the patient is liable to frequent attacks of failure of compensation, pregnancy should be forbidden. With fair compensation, as evidenced by the presence of a diastolic murmur and the absence of a presystolic murmur, or of a continued irregularity of the pulse, or of a jugular pulse of the ventricular type, pregnancy should be forbidden. With fair compensation, with a mitral murmur systolic or presystolic in time, with the apex beat within the nipple line, and due to the left ventricle, the patient may undertake the burden of pregnancy.

In all cases of valvular disease, when conception has taken place, the patient should be kept under close observation. One feature of great prognostic significance is the presence or absence of symptoms of œdema of the lungs.—*British Medical Journal.*

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**BRIGHT'S DISEASE.**

The writer shows that there are about twice as many deaths from Bright's disease in Galveston as in the majority of large American cities. Many theories have been advanced to account

for this condition of affairs, and the author has undertaken to investigate those which hold the climate responsible. Some experiments he has conducted seem to justify the conclusion that one takes more fluid as drink in a moist climate and passes less urine than in a dry one. The author does not believe that this fact has any special bearing on the etiology of Bright's disease. He inclines to the belief that there are two causes which explain the prevalence of Bright's disease in Galveston more plausibly than any of the explanations usually given: (1) the excessive use of meats in a climate in which proteids can not be so readily metabolized as in a colder climate; and (2) the failure to recognize and properly manage acute infections.—*W. S. Carter, Medical News.*

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At the recent annual meeting of the New Zealand branch of the British Medical Society a Dr. Hatherly read a paper under this title. The writer said that it was a melancholy fact that too often surgeons perform operations for the mere "love of the thing," which practice he thought was on the increase. The writer said that many operations for appendicitis were performed when the patient would have recovered nicely under medical treatment. Hatherly said that operations were often performed solely for the sake of the fee, it being much more profitable to operate than not to do so. We were not aware that the "lust for operation" had reached to such a distant part of the world as New Zealand, but we have been fairly well acquainted with it at home for some years past. It is to be sincerely hoped that the future will see a more conservative attitude in regard to operating than at present exists.—*Medical Age.*

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Ernest Clarke (*British Medical Journal*) advocates the full correction of all cases of myopia and compound myopic astigmatism. His method is to estimate the ametropia under a mydriatic and to order the full correction for all cases. In high degrees the patients sometimes refuse to accept the full correction, but with this exception he never reduces the spherical glass for near work. Out of 532 cases which had been under observation for more than two years the majority showed no increase in the myopia, and in only three instances had the myopia increased as much as 4 D., and in only sixteen had there been any increase worth mentioning. In some it was necessary to

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stop all near work, but for these full correction was always given. If this principle were carried out generally, he feels sure that progressive myopia and high degrees would become almost unknown.—*Medical Age*.

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#### FINAL ARRANGEMENTS FOR THE NATIONAL.

Full and complete arrangements are now made for the meeting of the National Eclectic Medical Association, which will convene at Saratoga Springs, New York, on Tuesday, June 27, 1905, for a three days' session. The following are the facts: Headquarters at the Grand Union Hotel; rates, \$2.50 to \$4.00 per day. Assembly room, committee rooms and display rooms all within the hotel and convenient. The session will open at 10 o'clock Tuesday morning. The specific program will be out in a few days for the members. The sessions will be held during the day for three days. For amusement there will be a trip to Lake George by trolley and a boat ride on the lake; a tallyho ride for the ladies around Saratoga and out to Saratoga Lake. Also a plan has been matured by which those who desire on the day after the meeting can go down the Hudson River to New York on a boat and return. A rate of one and one-third fare is secured over all roads if one hundred or more attend. Private boarding places are open to all who prefer to make other than hotel arrangements at a very nominal rate. Saratoga offers unusual attractions for visitors, and every one should improve this rare opportunity to attend. The New England States and New York are expecting to turn out almost to a man, and all other localities should show their appreciation of the effort the locality makes to entertain them by turning out in full numbers also.

FINLEY ELLINGWOOD, M. D., Secretary.

## Eclectic Medical Journal.

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JOHN K. SCUDDER, M. D. MANAGING EDITOR.

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Articles on any medical topic are solicited, which will usually be published the month following their receipt. One hundred reprints of articles of four or more pages, or one dozen copies of the Journal, will be forwarded free if the request is made when the article is submitted. The editor disclaims any responsibility for the views of contributors.

### DISEASES IN SEASON.

The respiratory diseases have had their season and are now disappearing, though an occasional case of pneumonia still reminds us that the pneumococcus is loth to say goodbye to frail humanity and leave the field to the colon bacillus. For the next ninety days, the prevailing diseases will be gastro-intestinal. The adult will overload the stomach with a lot of indigestible green stuff and unripe fruit, and have diarrhoea and cholera morbus as a result, while the babies will have their stomachs distended with poor milk, taken from illy-kept nursing bottles, and, as a result, cholera infantum or summer complaint will be their portion.

Much might be said about prophylactic measures, but, unfortunately, the physician is not usually consulted, till the patient is in the throes of an attack. While a timely article, on when, how and what to eat will enable A. B. and C. to avert an attack of bowel trouble, D. E. and F. will gratify their appetites, despite the advice of the conservers of the health of the community, the doctors, and, notwithstanding the physician may write and talk about *pure*, fresh milk in sweet aseptic bottles, the overworked mother, with more cares than she can manage, allows the milk to become cold, to remain in the nursing bottle till fermentative processes are at work, and the nipple of the bottle fairly reeks with germs. Prophylactics, then, will prevent some few cases, and the doctor must be prepared to treat the many.

If the patient be an adult, and the bowels are moving frequently and copiously, nature is doing her best to carry off the irritating poisons that are causing the trouble. If there is vomiting also, have the patient drink freely of a normal saline

solution and wash out the stomach thoroughly. A tablespoonful of white liquid physic will sweep the ptomaines and germs from the bowel and a teaspoonful of neutralizing cordial every hour will soon restore quiet to stomach and bowels. Or five drops of nux vom may be added to a half glass of water and a teaspoonful given every ten, twenty, thirty or sixty minutes. If there are cramping pains in the bowels, comp. tincture of cajuput, from twenty to sixty drops, will give relief, if given every ten or twenty minutes. If the pain is intense, the vomiting and purging persistent, and the cramping in legs and abdomen severe, a hypodermic of morphine will afford the speediest relief. If the patient be threatened with collapse, comp. tinc. of cajuput by mouth, strychnine gr. 1-30 hypodermically, normal saline subcutaneously, and hot applications to the extremities, will give good results.

For the babies, wash out the stomach by giving the little patient all the sterilized water it will drink, and, being thirsty, it drinks with avidity; flush the bowels with an enema of weak saline solution, and give internally, aconite gtt. iii., tinc. ipecac gtt. v., water oz. iv.; teaspoonful every hour. If the face is pallid, the skin relaxed and doughy, add nux vom. gtt. iii., tinc. belladonna gtt. v., to water oz. iv., and give teaspoonful every thirty minutes. If child is vomiting, but the skin and legs cool, place twenty grains of neutralizing powder in a cup of hot water, add a teaspoonful of brandy and a little sugar, and give of this mixture a teaspoonful every ten, twenty or thirty minutes. If with each stool undigested curds appear, give a dose of oil and clear out the offending material. As the patients improve, both young and old, great care will be necessary in the feeding. Only the blandest articles must be allowed and in very small quantities.

THOMAS.

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### UMBILICAL HEMORRHAGE.

Several very annoying conditions may be encountered in the infant during the first few days of life; of these, hemorrhage from the umbilicus, or omphalorrhagia, while not particularly frequent, may prove very troublesome. During the past year we have had inquiry from three or four physicians relative to the treatment of this accident, besides several cases in our own experience to deal with. Of the cases reported, death followed in each instance; recent works on obstetrics give the mortality at eighty per cent.



In some cases the bleeding is owing to the presence of an ulcer, when it usually yields more readily to treatment than if deeper seated and directly from the cord. In not a few cases it is in reality due to carelessness in the manner of applying the ligature, either not tying sufficiently tight or using a material that inclines to cut through within a few hours; again it may follow a shrinkage of the funis, or a slipping of the ligature when the stump is too short.

Probably the most alarming cases are those that occur at a time when all suspicion of danger has passed, as a secondary hemorrhage, and at any time within two or three weeks; under such circumstances hemorrhage is either due to a transudation through the frail walls of the minute vessels, or as is probably most often the case, an imperfect coagulability of the blood. In some cases the trouble has been attributed to syphilis, jaundice, hemophilia, as well as certain other conditions either acquired or hereditary.

Various means have been resorted to in the way of treatment. In primary hemorrhage, when the ligature is not sufficiently tight, or has slipped, immediately religate. Where this means is impossible the application of styptics has proven serviceable by favoring a coagulation and subsidence of the bleeding; thus Monsel's solution has been recommended, saturating pieces of lint and adjusting snugly. In certain cases, especially the milder ones, firm compression will suffice, using a compress of gauze or lint applied tightly with adhesive strips. Such cases are usually greatly aggravated, however, and this manner of treatment defeated owing to the child's crying and kicking its legs, as is the usual tendency. Attention directed to overcoming and subduing these features should constitute a part of the care and treatment as an essential adjunct to success.

In the event of the hemorrhage proving persistently obstinate, success will demand more heroic measures; if there is sufficient stump of the cord left, a good plan is to draw it out with haemostats and transfix with two needles, crossed at right angles, after which a ligature may be applied back of them. In other cases, favorable results have followed pouring liquid plaster paris into the navel, allowing it to "set," when there will be sufficient pressure to relieve the bleeding.

As a final resort in such cases, where all ordinary treatment has been defeated, one should transfix the abdominal walls around the navel with two knitting needles, a figure of eight ligature should now be applied under them, adjusting as tightly

as consistent with care. During the application and continuance of any treatment the child should be kept as quiet as possible.

Another form of hemorrhage that is occasionally encountered in the newly born is *melena*, or gastro-intestinal hemorrhage. This is an extravasation of blood into the stomach and intestines. The child will usually vomit bright red blood, or, in some instances the vomit will be of a "coffee grounds" nature: that passing the bowels is very dark almost black. A very severe case of this nature recently occurred in the practice of Dr. Bowles, of Harrison, O., which succumbed after a week, though every attention with the most persistent and exhaustive treatment was followed. *Melena* may be due to duodenal ulcer, or, in some cases to a congenital defect which increases the intra-abdominal blood pressure; intus-susception has likewise been named as a cause.

In the way of treatment small doses of gallic acid has been advised. Sp. Medicine hamamelis and ipecac should also be thought of. Ergotin hypodermically may also prove beneficial in conjunction with other means. All such cases must be looked on with a forbidding and guarded prognosis, and, under the most favorable circumstances the outcome will probably show a sixty to seventy per cent. mortality.

WINTERMUTE.

### "WHO IS TO BLAME?"

On another page of this number of the Midland will be found an article from the February issue of the ECLECTIC MEDICAL JOURNAL, the title of which, "Who is to Blame?" treats, incidentally, of the Chicago adulteration cases, as shown by the *expose* of last December. This writer, a physician, does not mince matters in arraigning the medical profession as being primarily responsible for such conditions as the Chicago investigation revealed.

Every experienced pharmacist can testify to the accuracy of the charge that "the majority of physicians do not know drugs, and care less about them." Is it any wonder, then, that pharmacists get into the way of thinking that anything is good enough to put into a prescription of a physician who does not know the nature or physiological effect of the remedies he prescribes, and has little faith in their power to accomplish desired results?

Is it not a fact that should be carefully considered by every pharmacist, that as a rule the most successful physicians are those who, having tested the remedies they prescribe and having accurate knowledge of their effects and firm faith in their ability to accomplish de-

sired results, are the ones who are carrying their own remedies and only occasionally writing prescriptions?

If the majority of physicians knew something of pharmacy; if they knew enough of *materia medica* and therapeutics to intelligently prescribe drugs, then if they insisted upon having the best of everything which was dispensed for their patients, how long would it be until pharmacists would be compelled, whether they wanted to or not, to keep in stock only pure drugs and reliable pharmaceutical preparations? The country is full of doctors who have no faith in drug medication, because they know little or nothing about drugs, and when you find a lot of them bunched together, as is usually the case in large cities, you may look out for pharmacies where any sort of trash is good enough to be put into prescriptions.

Physicians competent to prescribe drugs and know when they are getting something trustworthy, will necessitate honest and careful pharmacists.—*Editorial, Midland Druggist, June, 1905.*

It pleases us to read the editorial in the *Midland Druggist*, upon the article that appeared in this journal from the pen of Dr. A. F. Stephens, of St. Louis, titled, "Who Is to Blame?" We reproduce the editorial in full, which, together with the article by Dr. Stephens already before our readers, furnishes a fund for the physician who thinks that anything masquerading under a drug name is good enough for his patients. In this connection we will add that the opinion expressed by the *Druggist's* editor, to the effect that "Every experienced pharmacist can testify to the accuracy of the charge that 'the majority of physicians do not know drugs, and care less about them,'" does not apply to the Eclectic profession. We will add, furthermore, that in our opinion the success of the Eclectic practitioner is largely due to this exceptional fact. He has not been seriously afflicted with the fads and fallacies of the Fad-dist; nor has he been distracted by the vagaries and wanderings of the dreamers who think that one swallow constitutes a summer; nor yet has he fallen into the clutches of the "just as good but cheaper" man. Let us predict that before another decade has passed, the great regular school in medicine will perceive that the seventy-five years' crusade of the Eclectic school, in its course concerning both medicines and the actions of medicines in disease expressions, has been the most fruitful gift of the century past in the direction of therapy and treatment.

LLOYD.

## THE ECLECTIC MEDICAL INSTITUTE.

The sixty-first annual session of the Eclectic Medical Institute will open September 18, 1905, and continue thirty weeks.

Part of the Announcement was printed in the May issue of the Journal. Complete copies will be mailed to every Eclectic physician about the first of June. The course of instruction has been widened, and now embraces a minimum of 3,900 hours.

We wish to call particular attention again to the requirements for entrance:

1. A certificate of good moral character.
2. Diploma of graduation from (a) graded high school, (b) normal school, (c) seminary, (d) literary or scientific college, (e) university, (f) evidence of having passed the matriculation examination to a recognized literary or scientific college, or (g) a medical student's certificate secured from a state medical board.
3. Students desiring to practice in Ohio, New York, Pennsylvania, Indiana, Kentucky or Michigan, must conform to the regulations given below.†
4. Students matriculating for subsequent practice in other states, and who lack one of the foregoing educational qualifications, may take an examination before an authorized examiner, not connected with the Faculty, as follows:—1. An English composition of not less than 200 words—grammar and rhetoric. 2. Higher arithmetic. 3. United States history. 4. Geography. 5. Elementary physics. 6. Latin prose.

† OHIO.—Matriculates who will be applicants for registration in the State of Ohio, must possess:—a diploma from a reputable college granting the degree of A. B., B. S., or equivalent degree; a diploma from a normal school, high school or seminary, legally constituted, issued after four years of study; a teacher's permanent or life certificate; a medical student's certificate issued upon examination by a State Board; or a student's certificate of examination for admission to the Freshman class of a reputable literary or scientific college.

Or a certificate of having passed an examination conducted under the direction of the State Board of Medical Registration and Examination of Ohio, by certified examiners. The examination will embrace: Foreign Language—two years of the Latin Language—English Literature, Composition, and Rhetoric. History—United States History and Civics, with reference to the constitutional phases of American History. Mathematics—Algebra through Equations and Plane Geometry. Science—Botany or Zoology, Physiography or Chemistry, and Physics. Further particulars will be sent on request.

NEW YORK.—A Regents' medical students' certificate, granted on 48 counts. Particulars from Regents' office, Albany, N. Y.

PENNSYLVANIA.—(a) High school, normal school, seminary or literary college diploma. (b) Certificate of examination in ten branches under seal of principal or county superintendent. Or (c) Entrance examination before State Board in Pittsburg or Philadelphia.

INDIANA.—(a) High school, normal, or college diploma. Or (b) an entrance examination in ten high school branches before Prof. Hufford, at Indianapolis, Sept. 12, 1905.

KENTUCKY.—High school, normal or college diploma, or examination at Louisville in United States history, arithmetic, and algebra—one year's Latin and physics.

MICHIGAN.—High school, normal or college diploma, or an examination at Detroit, Grand Rapids, Hillsdale, or Bay City, in ten branches of a high school course.

In regard to advanced standing, it is allowed only to graduates of recognized literary colleges, or to medical students who have evidence of full attendance and examination, session for session, in other recognized medical colleges.

This college does *not* grant advanced standing to students or graduates in dentistry, pharmacy, veterinary medicine, normal schools, osteopathy, midwifery, or to trained nurses, or for "years of medical practice," or to students in so called "pre-medical courses" in literary colleges.

SCUDDER.

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### "CURE OF DIABETES."

Dr. Leo has reported a case of diabetes in which the glycosuria disappeared entirely under appropriate diet. The improvement was at one time so marked that the patient was enabled to resume ordinary diet and digest relatively large quantities of carbohydrates (400 grms. of bread, 100 grms. of sugar) without there being any signs of sugar in the urine. Six months later, however, the patient, who was apparently cured, suddenly and without cause developed polydipsia and polyuria, analysis of the urine revealing 5 per cent. sugar. Dr. Leo concludes that what some physicians consider a permanent cure, occurring occasionally, is merely a temporary cure, the diabetes becoming latent for the time being.—*Berlin Klin. Wochen*, 1904.

Under "appropriate" diet, this patient apparently recovered. He was enabled to resume "ordinary" diet in "large" quantities without showing any signs of trouble for six months. Suddenly there developed all manner of polys and forthwith the doctor "concludes" that what some physicians consider a permanent cure is but temporary. The doctor does not state his premises, but that his conclusions are faulty, there is no doubt.

Let us suppose that he had engaged to treat a patient who, without knowledge of the destructive effects of fire, had poked his big toe into a shovelful of redhot coals. Dr. Leo, being a good doctor, dresses the resulting burn with a remedy which is recommended to relieve the distressing sensations of a burn and cause the wound to heal quickly. The result is that the pathological condition passes away and the patient is cured. Reasoning from analogy, it is to be presumed that the physician, having formed a conclusion, will tell the patient he is now well and may proceed to stick his toes into the fire whenever and as often as he likes, being cured, and when his toes are scorched a second time the doctor will conclude, and the conclusion must be, that what some people consider a permanent cure of burns is but temporary.

Effects follow causes, and if a change of diet as a cause will effect a disappearance of sugar from the urine of a diabetic patient, an exercise of a very small amount of thought ought to suggest the remedy. When this patient had been taught to quit killing himself by way of his stomach, why was he not told to stay quit? The doctor plainly saw an effect follow a known cause, why did he fail to recognize the relationship? If he needed, say two pounds of food-stuff for tissue building and something over for heating purposes, why should he eat six pounds and compel the eliminative organs to work over time to get rid of the dirt? It is an axiomatic fact that if diabetes disappears after a definite change in diet, it will return if the patient resumes the same kind of diet used prior to the disappearance, and the only logical conclusion to be drawn is, that certain foods are detrimental to some individuals and should be permanently abandoned if they expect to remain free from the diseases which a faulty diet induces.

It is a fact, however, that we are slaves to our stomachs, whose power over us is absolute, and in the verdict disease and death, we bow to the dictates with moans and lamentations, and offer our lives upon the gastronomical altar as a sacrifice. We die prematurely, largely through our digestive apparatus, wondering why life should be so short and full of disease and misery. If one could only use his brain a fractional part as much as he does his stomach, life would ripen into old age as summer into autumn and autumn into winter, and death would lose the venom of its sting. STEPHENS.

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### CANNABIS INDICA.

The part used in the preparation of medical preparations is the large flowering top of the female plant. The plant is a native of Persia and northern India; though naturalized in North America and Brazil. It is commonly known as Indian Hemp. Its active principle probably lies in the resin "cannabin." So varied have been the results obtained from the medicinal use of this remedy, it is imperative that a good, reliable preparation be employed. Personally we have employed Specific Medicine Cannabis.

The physiological action of this remedy is varied, as has been the remedial results reported. Hale says: "It stands alone as a remedy that seems to possess the power of acting upon the soul. It seems to give us some idea of the vast capabilities

of emotion, comprehension, and capability for happiness, but which lie latent while the body encloses it." Its action is primarily upon the intellectual centres. In poisonous doses, it is conceded by all, it produces exhilaration, laughter, merriment and hallucinations of a pleasurable character. In still larger doses it produces sleep and slows the respirations. Hare claims, there is no deaths on record resulting from the use of this drug. Its therapeutic uses are varied. In other words, it has a wide range of usefulness. It possesses sedative, narcotic, anodyne and antispasmodic properties. Its anodyne and narcotic properties are certainly limited, and are best exhibited when administered in combination with other remedies of the same class, as in the various anodyne preparations in use, such as chlorodyne.

We have found it to be a splendid addition to cough mixtures when arising either from a tickling or irritation in the throat, or when of a nervous origin. Therefore it is of value in whooping cough, bronchial and laryngeal cough. There is a cough that is met with in pregnant women, that is of a reflex or nervous origin, in which it seems almost a specific.

As an anodyne, it is a splendid remedy in migraine, especially so when combined with gelsemium. In painful conditions of the bladder, such as spasm due to cystitis, we find it of considerable value, as we also do in other painful affections of the genito-urinary organs. In gonorrhœa it allays the burning pain. Here we usually combine it with gelsemium. In gastralgia it is also of service. As was said before, it is an ingredient of chlorodyne, so frequently used in this and similar conditions. Chronic rheumatism and sciatica are other painful conditions in which we esteem it of value, especially so in the latter condition. As an antispasmodic, it is of value in delirium tremens, paralysis agitans, chorea, tetanus and epilepsy. It is only in the latter disease we have personal knowledge of this property of the drug. In this condition we have used it for many years with success. Combined with the bromides, it increases their efficacy, delays the appearance of bromism and permits of a longer continuance of their administration.

It is also recommended in uterine subinvolution, dysmenorrhea and menorrhagia. In these conditions we have no personal knowledge of its therapeutic value. Its specific indications are: irritation of the urinary organs, with frequent desire to urinate,

and a burning sensation in the urethra; marked nervous depression with irritability, spasm or pain, accompanied with neurotic excitement.

Dose: Specific Cannabis, one to ten drops.

MUNDY.

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### CALENDULA.

This plant is a native of South America and of the Orient, and is commonly known as marigold. The parts of the plant used medicinally are the florets and leaves. It is said to be both stimulant and diaphoretic. Our personal experience with this remedy is confined to its topical uses. It is applied to wounds, bruises and abscess cavities. We have used it on wounds and injuries not healing kindly and evincing a tendency toward suppuration. We have also applied it to cracked nipples and as a spray in catarrhal conditions of the nose and throat. It is also an excellent application for tibial ulcers, the result of varicose veins.

In suppuration of the middle ear, incorporated with boracic acid, forming what is commonly known as calendulated boracic acid, it is a favorite application. We make this by mixing specific calendula with boracic acid, minim for grain; drying it over a water bath, then retritulating this with boracic acid, grain for grain. It is used as a dusting powder.

Internally it is said to be useful, as an aid in the same conditions for which it is used topically. It is specifically indicated by an enfeebled condition of the capillary blood vessels.

MUNDY.

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### CEONANTHUS.

This plant, indigenous to the United States, is not in very extensive use. It is commonly known as red-root or wild snowball. The parts used are the root, root-bark and leaves. From what we can learn of its action, it seems to exert its force principally upon the glandular structures, and especially upon the spleen and liver; pain and swelling of which it relieves and reduces. It is said to be astringent, expectorant and sedative.

Its specific indications are: enlarged spleen, sallow and doughy skin, non-inflammatory catarrhal states with profuse secretion, deep-seated splenic pain. When these conditions prevail in any chronic condition, whether accompanied with syphilis, scrofula or general glandular disarrangements, it will be found a valuable remedy.

Dose: Specific Ceonanthus one to ten drops.

MUNDY.



**THE NATIONAL.**

We wish to again remind you that our meeting will be held at Saratoga, N. Y., June 27, 28 and 29th.

A rate of one and one-third for the round trip has been secured. To obtain this rate you must secure a certificate from the agent when buying your ticket. Do not accept a receipt, but insist on a regular printed form certificate. It were well that you see your local agent in advance so that you may be sure he has them when needed. On arrival at Saratoga these certificates must be handed to me with 25 cents (the required fee for the railroad agent who will be in attendance the last day), and after one hundred have been received, they will be signed and returned to you, which will entitle you to a return ticket over the route traveled for one-third the full fare. Upon investigation I find that the total number in attendance from all association territory must be one hundred. Tickets may be purchased within four days preceding the first day of meeting, unless the distance traveled necessitates more time to reach Saratoga. Return tickets must be purchased within three days following the last day of the convention.

H. H. HELBING, M. D., Cor. Sec.  
St. Louis, Mo.

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**ELLINGWOOD'S NOTICE.**

For latest information concerning arrangements for the meeting of the "National," see page 339.

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**SPECIAL ROUTE TO SARATOGA.**

The Cincinnati party will probably leave Sunday evening at 6:30 P. M., June 25, via Big Four route to Cleveland and Buffalo; thence to Saratoga Springs, arriving Monday evening. Members from St. Louis and the West can be routed via Big Four and join our party at Cleveland; or from Chicago and the West. Members south of the Ohio can be routed via Cincinnati. For rates or other information, consult your local agent or write J. E. Reeves, G. S. A. Big Four Route, Cincinnati.

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# SODIUM SALICYLATE

## True, from Natural Wintergreen Oil.

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**I**N perfecting their products from Natural Wintergreen Oil and in demonstrating their therapeutic value, the Merrell Company have won the confidence of the medical profession, and established the fact that **Natural Salicylates** should alone be employed for internal administration; and when **Sodium Salicylate**, true, is specified, it is clearly the desire of the physician that the Merrell product should be used. The only recommendation of other brands is that "they are cheaper in price," and it is such substitution which often convinces the physician that it is necessary for him to dispense his own medicines.

In addition to the powdered and crystalline forms, **Sodium Salicylate**, true, is offered in 2½ and 5 grain compressed tablets.

**No Increase in Price.** These tablets are put up in 1 oz., ¼ lb., ½ lb. and 1 lb. bottles, and are sold at the same price as the powder.

The Merrell Company were the first, and are now the only, manufacturers in the United States of these **Natural Educts** from **Wintergreen**, and their product should always be used if undesirable complications are to be avoided.

Our 72 page booklet upon this subject is sent free upon application,

## RHEUMATISM.

In the treatment of **Rheumatism**, elimination and **Salicylic Acid** rarely fail to give the very best result. Keep the bowels open and the kidneys active by means of salines and the ingestion of large quantities of pure water (this also favors diaphoresis), and **Ferro Salicylata** (Merrell) will do the rest.

**Ferro Salicylata** contains in each fluid dram five grains of **Salicylic Acid** and five minims of the tincture **Citro-Chloride of Iron**. As the **True Acid** from **Natural Wintergreen Oil** is used, the preparation is devoid of those depressing effects which often attend the administration of the synthetic product, and it may therefore be given in as large and as frequently repeated doses as are indicated to control the symptoms and cure the patient.

As a tonic after **Grip**, **Ferro Salicylata** will do more toward restoring the strength of the patient than all other remedies combined; and for the depressed condition which so often attends convalescence after **Grip**, **Ferro Salicylata** is almost a specific.

**Ferro Salicylata** is carried in stock by all prescription pharmacists.

Send for descriptive circular matter and complete catalogue of pharmaceutical preparations.

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**Normal Tinctures** are prepared according to the rules laid down in the "Digest of Materia Medica and Pharmacy," the authorized Eclectic Pharmacopœia adopted by the National Eclectic Medical Association.

**Normal Tinctures** are bright, clean, and free from precipitation.

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**NORMAL TINCTURES** are carried in stock by all Wholesale Druggists and dealers in Physicians' Supplies, and may be obtained from Druggists everywhere.

A Price List Free for the Asking.

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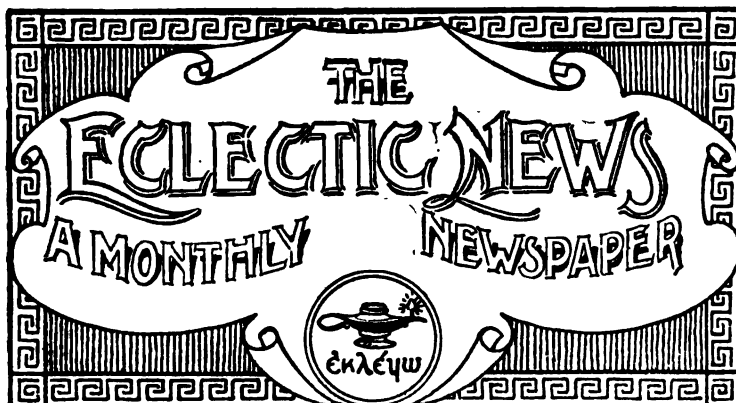
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VOL. X.

JUNE, 1905

NO. 6.

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## BOOK NOTICES.

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**OPERATIVE SURGERY.** By Joseph D. Bryant, M. D. Two large 8vo volumes, 1302 pages, 1576 illustrations. 90 of which are in colors. D. Appleton & Co., publishers, New York. Sold by subscription. Price, cloth, \$10.

This book has been entirely rewritten, rearranged, and much new material has been added. Particularly is this true of the chapters on the brain and nervous system, the abdominal operations, and visceral surgery. The text is fresh, clear and conspicuous for its simplicity. The illustrations are profuse, many of them in colors, and by their number and clearness of their execution, they render effective aid in obtaining a grasp of the subject. Half-tone illustrations of the special instruments required for various operations are a unique and valuable feature of the book, saving the time of the busy practitioner, who may determine at a glance the instruments needed.

**VOLUME I.**—The first three chapters are devoted to general considerations, including anesthesia, operative, aseptic, and antiseptic technique, the control of hemorrhage, and the treatment of operative wounds. The remainder of the work has special subjects: The ligation of arteries, operations on veins and capillaries, on the nervous system, on tendons, ligaments, fasciæ, muscles, bursæ, bones, amputations, deformities, and finally plastic surgery.

**VOLUME II.**—Treats of operations on the mouth, pharynx, nose, cesophagus, viscera connected with peritoneum, operations on anus and rectum, on thorax and neck, on the urinary bladder, on the scrotum and penis, and finally miscellaneous operations.

We commend this revised work to practitioners and students.

L. E. B.

**CONSERVATIVE GYNECOLOGY AND ELECTRO-THERAPEUTICS.** A Practical Treatise on the Diseases of Women and their Treatment by Electricity. By G. B. Massey, M. D. Fourth edition, revised and illustrated. Royal octavo, cloth, price \$4.00 net. F. A. Davis Co., publishers, Philadelphia.

Those who have learned to take advantage of the powerful therapeutical possibilities of electricity will give an enthusiastic welcome to this new edition of Massey. This work is of great value not only to the novice in electro therapeutics, but also to the experienced in the application of electricity for the cure of disease. There are doubtless many cases which can be relieved by the proper use of this agent, without resort to the knife. We heartily recommend this work to those who practice office gynecology.

L. W.

**PRACTICAL PEDIATRICS.** A Manual of the Medical and Surgical Diseases of Infancy and Childhood. By Dr. E. Graetzer. Authorized translation, with numerous additions and notes, by Herman B. Sheffield, M. D. Pages xii-544. Crown octavo, flexible cloth, round corners. Price \$3.00 net. F. A. Davis Co., publishers, Philadelphia.

This work is said to be a miniature encyclopedia of the medical and surgical diseases of infancy and childhood. No book on pediatrics that we have examined presents in so small a space such an abundance of practical and clinical material. It is divided into two parts. Part I is devoted to the various diseases of childhood; Part II to materia medica and therapeutics. In addition, numerous sections are included by the translator on interesting subjects. Among others are intubation, Lorenz's operation for congenital dislocations of the hip, gonorrheal ophthalmia, hydrotherapy, antitoxin, etc.

R. C. W.

**LEA'S SERIES OF MEDICAL EPITOMES.** Edited by V. C. Peterson, M. D. **HOLLIS' EPITOME OF MEDICAL DIAGNOSIS.** A Manual for Students and Physicians. By A. W. Hollis, M. D. 12mo, 319 pages. Cloth, \$1.00 net. Lea Brothers & Co., Publishers, Philadelphia.

One of the most clear, accurate, and compact treatises on medical diagnosis that it has been our privilege to examine. For the student who needs the essentials of diagnosis in a condensed form, for the young doctor preparing for his State Board examinations, and for the busy practitioner with a few odd moments to brighten up, the book is invaluable.

R. L. T.

**ESSENTIALS OF THE PRACTICE OF MEDICINE.** Prepared especially for Students of Medicine. By Wm. R. Williams, M. D. Price \$2. Philadelphia: W. B. Saunders & Co.

To the student of medicine this little volume is indispensable. Stripped of all verbiage, it is truly well named "Essentials of Medicine." It contains just what the student needs—the "essence" of the practice of medicine.

R. L. T.

# LIBRADOL

(TRADE-MARK)

An external remedy for quick relief of pain.

**USES.**—In colds, croup, broncho-pulmonic troubles in general; in acute inflammations of the lung or soreness depending upon congestion; in superficial or deep-seated pains of a rheumatic, chronic, or acute form; in sore muscles and joints.

We take pleasure in introducing this effective remedy for the cure and relief of all affections in which it is commended. Although new to most physicians, it has been employed by others for over a year, its benefit being sometimes so prompt as to appear marvelous.

The composition as given with each package will inform eclectic physicians concerning its field of action, and also indicate why LIBRADOL possesses such intrinsic merits.

LIBRADOL is clean, free from excessive fat, and can be washed from the skin by means of clear water. It is prompt in action and may be used either alone or in connection with any internal medication.

A characteristic and comprehensive report is as follows:

"I used LIBRADOL recently in three cases with most gratifying results.

FIRST.—Asthmatic condition caused by cold.

SECOND.—Acute articular rheumatism.

THIRD.—Pain in abdomen."

—DR. B. B. MORROW.

A number of severe cases of inflammation, of cold in the chest, of acute inflammation of the lungs, soreness depending on congestion, etc., have been promptly relieved as per reports on file.

LIBRADOL is to be spread on greased paper, muslin, or waxed paper, and applied to the painful part. Full directions accompany each package.

PRICE.—1 lb. jar, \$1.50; ½ lb., 80 cents; ¼ lb. 45 cents.

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## ECHAFOLTA CREAM.

(An elegant, fragrant, *permanent* semi-solid cream. Will neither become rancid, acrid, nor irritating.)

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PRICE—Large jar, 12 fluid ounces, \$1.00. Not mailable.

Small jar, 4 fluid ounces, 45 cents. By Mail, 58 cents.

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USES, by DR. T. J. DANIEL, MAGAZINE, ARKANSAS.

Echafolta Cream is indicated in all cases needing an antiseptic dressing, especially old sores, bed sores, chronic ulcers, old tibial ulcers, chapped hands, carbuncles, boils, scrofulous and syphilitic nodules, some forms of erysipelas, snake bite, stings of insects, cracked nipples, caked breast, hemorrhoids, etc. In these conditions, Echafolta Cream should be used freely, locally, and Echafolta always given internally. For caked breast, add a few drops of Specific Medicine Phytolacca to the Cream, and cover the affected part thoroughly. For hemorrhoids, add a few drops of Specific Medicine Hammamelis, and apply. For snake bites, cover with the Cream, and give from 5 to 30 drops of Echafolta, at first every fifteen minutes, and finally, as the patient improves, every one, two or three hours. For carbuncle, keep the place covered with the Cream, and give 15 drops of Echafolta every two or three hours. For sore eyes, anoint the lids on retiring at night. No ointment is superior to Echafolta Cream. In all cases that demand its use, Echafolta given internally is indicated and desirable.

LLOYD BROTHERS,

Manufacturers,

Cincinnati, Ohio.

**BLOOD PRESSURE** as affecting Heart, Brain, Kidneys, and General Circulation. A Practical Consideration of Theory and Treatment. By Louis F. Bishop, M. D. New York: E. B. Treat & Co. Price \$1.00.

In this little work of a hundred pages, the author directs attention to a condition we too often overlook—the relation of blood pressure to disease. His theory is well stated, though but little is of treatment, save in a general way. The book, however, will stimulate study along important and long neglected lines, and is well worth a place in the physician's library.

R. L. T.

**THE SEXUAL LIFE.** By C. W. Malchow, M. D. Cloth, gilt edges, by express, prepaid, \$3.00; half morocco, \$4.00. Sold only by subscription. The Burton Co., publishers, Minneapolis, Minn.

This is a work of 300 pages devoted to the study of sexual physiology and hygiene. It is written in language that is clear and plain, free from unnecessary technicalities, and may be appreciated by the laity as well as the profession. The work is divided into 11 chapters, which cover the subject thoroughly. Of the various chapters, may be mentioned those on sexual sense and passion, male and female sexual sense, the copulative function, hygienic sexual relations, sexual irregularity, propagation, nervous women, etc. The book is designed as an educator, and will be found satisfactory to any who may desire something along this line.

R. C. W.

## COLLEGE AND SOCIETY NOTICES.

### Michigan E. M. Association.

The Michigan meeting was quite interesting, though the attendance was not large. The papers were excellent, and more of them than could be read in the allotted time; hence some were read by title. Officers were elected for the ensuing year as follows: President, W. H. Snyder, Hastings; 1st Vice President, J. Q. Waddington, Detroit; 2d Vice President, C. S. Sacket, Charlotte; 3d Vice President, E. T. Morris, Nashville; Secretary, F. B. Crowell, Lawrence; Treasurer, H. P. Evarts, Grand Rapids; Censors, H. P. Evarts, William Bell, Z. L. Baldwin, E. T. Morris, G. W. Hale, and P. B. Wright. Next meeting at Detroit.

*Note.*—P. B. Wright, of Grand Rapids, is in poor health. Dr. J. Cosford and wife, Mancelona, have removed to Seattle, Washington.

W. E. B.

**THE OHIO SOCIETY.**—The forty-first annual session of the Ohio Society was held May 2, 3, and 4 at Columbus. Dr. Smith made an excellent presiding officer, and all of his assistants were unusually active in making the session a pronounced success. All of the section work was undertaken promptly, and an unusual number of well pre-



pared papers were read and discussed. These will appear later in the annual volume of the Society. Tuesday evening the President delivered his annual address, and Dr. Wintermute gave an interesting talk on Mexico. The annual banquet took place on Wednesday evening, followed by several well received responses to toasts. There were 157 physicians registered, and an attendance all told of more than 200.

The election of officers resulted as follows: President, Bishop McMillen, Columbus; 1st Vice President, W. K. Mock, Columbus; 2d Vice President, J. A. Hunter, Lockland; Recording Secretary, J. P. Harbert, Bellefontaine; Cor. Secretary, J. J. Sutter, Bluffton; Treasurer, Ralph B. Taylor, Columbus. The next meeting will be held at Columbus.

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**THE WEST VIRGINIA ASSOCIATION.**—The annual meeting of this Association was held at Clarksburg, at the Hotel Waldo, May 17 and 18. Dr. L. N. Yost, of Fairmount, made a good presiding officer, and his presidential address was well received. Papers were read by T. H. Miller on Conjunctivitis, Geo. Snyder on Hydrastis and Macrotys, A. J. Kemper on Infant Feeding; H. E. Sloan, Hemorrhoids; T. B. Bartlett, Old Remedies; G. R. Miller, Intra Uterine Medication; J. A. Monroe, Nervous Reflexes; C. W. Seely, Pilocarpin in Strychnine Poisoning. Prof. Lloyd and Dr. Scudder were present and addressed the meeting on several occasions. A permanent committee was appointed on Medical Legislation, and instructions given to urge the present Governor to appoint one or two members of the Society on the present State Board of Health.

The following officers were elected: President, J. A. Monroe, Wheeling; Vice President, T. H. Miller, Blacksville; Secretary and Treasurer, D. H. Edwards, West Liberty; Cor. Secretary, L. S. Yost, Amos. The next meeting will be held in Wheeling the third Tuesday in May.

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**THE CONNECTICUT Eclectic Medical Association** met at the Allyn House in Hartford, May 9, 1905. There was a full attendance, it being the fiftieth anniversary of the organization. Dr. Leonard Bailly, the President, called the meeting to order. There were visitors present from the State Societies of Massachusetts and New Jersey, who added, by their addresses, to the general interest. The Treasurer's report showed a well managed exchequer. The professional reports were verbal, but well worthy to be taken down and published. Cerebro-spinal meningitis, small-pox, and other complaints reputed to be contagious, were discussed and imputed to epidemic conditions.

The following officers were chosen: President, George B. Bristol, of Middlebury; Secretary, George A. Faber, of Waterbury; Treasurer, Leroy A. Smith, of Higganum; also five Censors.

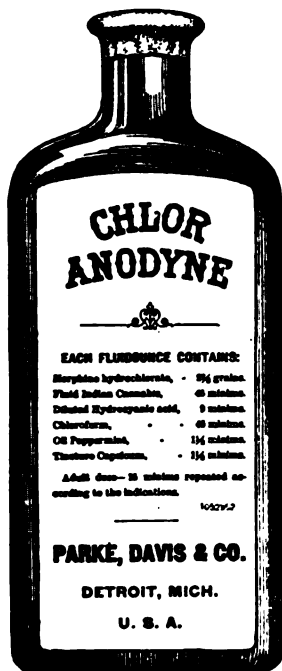
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**SUMMER DIARRHEAS**  
AND ALL OTHER INFECTIOUS  
ENTERIC DISEASES.

ACETOZONE is the most remarkable of intestinal antiseptics—vastly more powerful than any other germicide that can safely be given internally. An aqueous solution of the strength of 1 to 1000 is capable of destroying within one minute any known disease-producing bacteria.

Supplied in ounce, half-ounce and quarter-ounce bottles;  
also in vials of 15 grains each, 6 vials in a box.

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## PROMPT ANALGESIO.

CHLOR-ANODYNE relieves pain—especially pain in the stomach and intestines. It is invaluable in

## INTESTINAL COLIC, CHOLERA MORBUS, ABDOMINAL CRAMPS,

dysmenorrhea, renal and biliary colic, and numerous other conditions in which the relief of pain is an urgent indication.

Supplied in pint, half-pint and quarter-pint bottles, and in ounce vials.

KEEP A VIAL IN THE EMERGENCY CASE.

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**FORMULA:—EVERY FLUID DRACHM CONTAINS TWENTY-EIGHT GRAINS ECHINACEA ANGUSTIFOLIA AND THREE GRAINS THUJA OCCIDENTALIS. IT IS ANTI-PURULENT, ANTI-SUPPURATIVE, ANTI-MORBIFIC, AND IS SPECIALLY INDICATED IN BREAKING-DOWN CONDITIONS OF THE FLUIDS, TISSUES, CORPUSCLES, AND DYSCRASIA OF THE SECRETIONS.**

“Our observation of the medical literature indicates that ECHINACEA is being used far more than formerly. — J. A. M. A., APRIL 8, 1905.”

**BROMIDIA                  PAPINE                  IODIA**

**BATTLE & CO.,** CHEMISTS  
CORPORATION, **ST. LOUIS, MO., U. S. A.**

The next meeting of the Association will be held in Hartford, Oct. 10, 1905. The Connecticut Association is one of the few that holds semi-annual meetings.

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KENTUCKY ASSOCIATION.—On May 10 and 11 was held the seventeenth annual meeting of the Kentucky Eclectic Medical Association, at Louisville. Under a motion at the 1894 meeting, the committee had re-incorporated under the present laws of the State, and prepared a new constitution, by-laws, rules and regulations for its government, which were all accepted, putting the Association on a solid footing and in first class running order—making the corporation perpetual, as the time limit of the original incorporation would soon expire.

We issued membership certificates to 22 full paid members in good standing, and passed upon a list of 10 who, upon the payment of one year's dues, will be in good standing and receive certificates. About 15 were in attendance, nearly all having papers for the Association.

Some visiting physicians from the near-by Indiana side were in attendance, and some homeopaths of the city were visitors.

Louisville was chosen as the meeting place in 1906, as it is the most centrally located, and through conventions and other gatherings in Louisville, reduced rates are easily obtained.

Officers were chosen for the ensuing year as follows: President, L. O. Wood, Hopson; Vice President, L. J. Poe, Butler; Secretary, Lee Strouse, Covington; Treasurer, J. C. Mitchell, Louisville; Cor. Secretary, W. Leming, Lexington.

It is the intention to issue a volume of Transactions in a couple of years, embracing its workings up to its issue.

LEE STROUSE, M. D., Secretary.

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THE ECLECTIC PHILOMATHIAN RECEPTION.—On the evening of March 25th, the friends and members of this Society met at the Odd Fellows' Temple to celebrate their fourth anniversary, and bid good-bye to the graduating Philomathians of 1905. Dr. Ulery acted as master of ceremonies. Mrs. Norma K. Kling rendered several excellent piano selections. G. Elmer Miller delivered the address of welcome, followed by a solo by F. H. Finlaw. A. T. Rank delivered an address and J. T. Bowman rendered Morrison's Meditations, followed by a reading by Miss Enma Crapsey. Addresses were made by Profs. Lloyd, Bloyer, Smith, and Kaapp, and remarks by former members of the Society, Arndt, Estell, Ulery, and others. The meeting proved very interesting and enjoyable to all who were fortunate enough to be present.

J. D. ESTELL, M. D.

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T. A. E. NOTES.—The examinations are over, the graduates have received their "sheep-skins," and the boys are at home. Only a few of the T. A. E. boys have been heard from, and our page will not be full.

Brother J. W. White, M. D., class of '98, successfully passed the West Virginia Board which met at Parkersburg, April, 11-13. Bro. White was one of the charter members of Alpha Chapter. He is located at West Alexander, Pa., near the W. Va. line. He is doing a good business which extends into W. Virginia.

At Claysville, Pa., not far from Brother White, is Brother F. L. Knox, M. D., a class-mate of his. Dr. Knox has a good practice, and like all loyal T.A.E's, is doing honor to the cause of Eclecticism.

Brother C. J. Otto, M. D., class of '95, is at home in Dayton, O. He is doing some work, and getting ready for the Ohio Board. Dr. Otto will locate in his home city.

Brothers A. A. Dewey, A. B. Rinehart, and D. E. Bronson, all of class of 1906, passed the W. Virginia Board.

Dr. Dewey has a position in his home city, Utica, N. Y. Dr. Rinehart's work for the summer is not known. Dr. Bronson will locate at Ireland, W. Va.

The Chronicler hopes to hear from many more of the brethren before the time for the July issue. All communications should reach him by June 10th. Please note the change in his address.

D. E. BRONSON, Ireland, W. Va.

Y. M. C. A. NOTES.—The annual Lake Erie Students' Conference will meet at Lake Side, Ohio, under the direction of the students' department of the International Committee of the Young Men's Christian Association work, beginning Friday, June 16, and continuing through Sunday, June 25.

The E. M. I. Association desires to be represented at this conference, and circulars of the meeting will be sent to all students of the E. M. I. who may be able to attend. Write to E. G. Padgham, 159 Genesee Street, Geneva, N. Y.

## PERSONALS.

DIED, April 29, 1905, Mrs. J. P. Huff, of Goddard, Ky., wife of Dr. J. P. Huff, E. M. I. '85.

M. F. Bettencourt, E. M. I. '06, has passed the Eclectic Examining Board of Texas, with an average of 93 per cent., the highest ever made by any applicant before this Board. C. L. Hudson, E. M. I. '06, also passed this Board with an average of over 87½. These men took the examination with 37 others, 23 of whom failed. This certainly speaks well for these young men.

Urling C. Coe, M. D., E. M. I. '04, passed the Oregon Examining Board last fall, and has been located at Bend, Crook county, Oregon, for several months, and is doing an unusually good business. Dr. Coe was complimented by several members of the State Board on the excellence of the papers he handed in at the time of the examination.

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condition in full, and ask for rates and circular.

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**Address, Shepard, Ohio.**

Dr. Chas. L. Olsen, E. M. I. '98, of Murray, Utah, was lately appointed the Eclectic member of the Utah Board of Medical Examiners. In this number of the Journal will be found the questions used recently by this Board.

H. F. Wierman, E. M. I. '03, now located at Lynn Camp, W. Va., has received the appointment as medical examiner for the Mutual Life Insurance Company, New York City.

**PARTNER WANTED.**—An energetic physician of ten or fifteen years' experience in general medicine, to specialize in the treatment of diseases of the rectum and its adnexa; also malignant growths. Address partner, care of Eclectic Medical Journal.

**WANTED, A PARTNER.**—A young Eclectic of good habits and appearance, between 25 and 30 years of age—one who can do some surgery. Would prefer a man who can speak German. Best of references furnished and required. For further particulars address, with stamp, Dr. S. M. Baker, E. M. I. '93, Alma, Neb.

#### LOCATIONS.

Good location in Iowa. For further particulars address, with stamp, E. Cooper, M. D., Villises, Iowa.

Several good locations in Indian Territory. For further particulars address, with stamp, Dr. C. E. Martin, Wagoner, Ind. Ter.

Several good locations in Kansas. For particulars address, with stamp, Dr. S. B. S. Wilson, Olathe, Kansas.

Location in a good town of 1500, surrounded by good farming country. Nothing to sell. For particulars address, with stamp, Dr. T. L. Lockhart, New Harmony, Ind.

Good country location in Indiana oil field. Have been here six years; am removing to a larger place. For further particulars address Dr. W. D. Simmons, DeSoto, Ind.

Good location for energetic young Eclectic physician at Oakland City, Ind. Have practiced here for over forty years. Will do all I can for my successor. For further particulars address, with stamp, Dr. Thomas M. Browne, Oakland City, Ind.

**LOCATION.**—Fine location in Ohio. For further particulars address, with stamp, Dr. N. G. Vassar, Ridgeway, O.

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### READING NOTICES.

I have used and continue to use the preparation Seng with marked success, especially in cases of gaseous dyspepsia accompanied by irritable heart. I learn from my druggist that he has an increasing demand for it.

A. W. FISHER, M. D., Altoona, Pa.

**TREATMENT OF FELONS.**—Felon is classed as minor surgery, and yet many a finger has been lost through their careless treatment. Antiphlogistine is a specific in incipient cases. Apply hot, change every six or eight hours, and resolution will occur as a rule without the formation of pus. If pus has already formed, incise deeply and freely; thoroughness is essential. Evacuate and cleanse with a suitable antiseptic. Insert a drainage tube. Surround the finger with Antiphlogistine. Cut the drainage tube one-fourth inch above the surface of the Antiphlogistine. Cover all with absorbent cotton and a bandage. The results will be satisfactory.

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**ANTIKAMNIA** is an American product, and conspicuous on this account and because of the immense popularity which it has achieved, it is to-day in greater use than any other of the synthetically produced antipyretics. The literature is voluminous, and clinical reports from prominent medical men in all parts of the country attest its value in actual practice in an endless variety of diseases and sympathetic affections, such as the neuralgias, rheumatism, typhoid and other fevers, headaches, influenza, and particularly in the pains due to irregularities of menstruation. The fact stands incontrovertible that antikamnia has proved an excellent and reliable remedy, and when a physician is satisfied with the effects achieved he usually holds fast to the product. That is the secret and mainspring of the antikamnia success. It is an antipyretic, analgesic and anodyne, and the dose is from 5 to 10 grains, in powder, tablets or in konseals, taken with a swallow of water or wine. When prescribing Antikamnia, particularly in combination with other drugs, it is desirable to specify "in konseals," which are rice-flour capsules, affording an unequalled vehicle for administering drugs of all kinds.

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**HOME SEEKER'S TICKETS** to points in the West, South-west and South-east. On sale first and third Tuesdays of each month.

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National Educational Association. Tickets will be sold June 29, 30, July 1 and 2. Return limit July 10, with privilege of extension to August 31.

#### DENVER, COLORADO.

National Epworth League Convention. Tickets will be sold June 29 to July 3, also on July 4 for such trains as reach western gateways on same day. Return limit July 14, with privilege of extension to August 8.

National Fraternal Order of Eagles. Aug. 15. One fare plus \$1.00 for round trip. Dates of sale and other particulars will be announced later.

National Encampment G. A. R. Tickets will be sold Aug. 29 to Sept. 3, also Sept. 4 for such trains that reach western gateway on same day. Return limit Sept. 12, with privilege of extension to Oct. 7.

#### BALTIMORE, MD.

United Society of Christian Endeavor. Tickets will be sold July 2, 3, 4. Return limit July 12, with privilege of extension to Aug. 31.

For detailed information, rates, time of trains, sleeping car reservations, etc., consult your nearest ticket agent or address

O. P. McCARTY, General Passenger Agent, Cincinnati, O.

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**VOL. LXV.**

**CINCINNATI, JULY, 1905.**

**No. 7.**

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## **ORIGINAL COMMUNICATIONS.**

### **PHILOSOPHIC EXEGESIS OF LOVE.**

**By Alexander Wilder, M. D., Newark, N. J.**

To define love is as difficult as to define being itself. Emanuel Swedenborg has justly declared that although the word is so universally used, hardly anybody knows what love really is. In the common apprehension, it is regarded as an emotion, not actually substantial, but rather an influence diffused from others, which affects the sensibilities, and so stimulates to some form of manifestation. The Standard Dictionary, which is most excellent authority as dictionaries go, explains it as a strong complex emotion or feeling inspired by something, as a person or quality, causing one to appreciate, delight in, and crave the presence or possession of the object, and to please or promote the welfare of that object. So far as analysis is concerned, this is a fair and tolerably full description. Yet we may remark that the complexity which is mentioned is not so much a condition or quality of love itself, as of the various forms and manifestations of it which appear among the experiences and vicissitudes of every-day life. While intrinsically it is the same always, it becomes as diversified in its manifestations as are the objects to which it extends.

The initial perception of love is desire—a wish for something. We may observe this in its simplest form in an infant. We all admire the movements expressive of eager regard which the child exhibits for its mother, or for the nurse, or for some other

individual in whom it takes pleasure. Yet this affection can hardly be supposed to extend beyond the child's own personality. A young infant has no conception of the matter beyond a notion that every object around it is exclusively for its enjoyment, and that all individuals around it are obligated to do it service. But that there is any possible duty or obligation for it to render any office of affection to others an infant entertains no idea. Innocent as we may esteem it to be, symbolic of artless simplicity as it is considered, and as we often see it described, it is nevertheless a purely selfish being. And what is more, this is what it ought to be. For the babe knows only the simplest physical wants and the instinct to gratify them. It can not grow beyond this preliminary condition of life, or even continue to exist at all, except these wants are gratified. Its supreme duty, therefore, is to feed and grow, as it is the duty of those who have it in charge to minister to these wants. As for love, for that principle of life which includes others within the purview, it is as deeply buried and enveloped as a flower in the bud during winter. There it must remain inchoate and apparently non-existent till changes come at a later period, almost amounting to revolution, and bring it to manifestation.

As infancy merges into boyhood or girlhood, the tokens of such change begin to be perceived. Yet much of the selfishness which is characteristic of the undeveloped condition, still continues. It now loses, however, that something that had made it endurable and charming: and indeed, it is generally more or less repulsive on that account. Young boys and girls appear often to be destitute of the sentiment of gratitude, and even to be wantonly cruel. It is true that careful and judicious training may do much to restrain such manifestations, and even to develop good manners, generous conduct toward others, and perhaps kinder sentiment. But it is likely to be superficial, and the good children of our old Sunday-school tales are not numerous, and seldom long-lived. Selfish considerations generally appear to predominate till higher sentiment shall have reached to the bottom of the character and leavened it all the way throughout.

It is true that habit engenders attachments, as of parents and children, of brothers and sisters, and of playmates and associates. Yet these attachments are mingled in their nature. We find somewhat of sympathy and kindheartedness appearing among the meaner incentives, showing that what might have been set down as depraved nature, has within it a higher quality. The child begins to learn that in pleasing a parent, a brother or sis-

ter, or some one else, that he or she has learned to like, there is real delight. It may not, even then, be other than selfish motive at the bottom; it may be only the disposition with which the boy or girl emerged from the period of infancy. But, even then, it is something of the best that the individual possesses. Though the stream rise no higher than the fountain, yet it may be that the fountain itself is rising higher.

Besides, with all of us who have lived far beyond the period and peculiar emotions of childhood, there will be pretty sure to be found, upon a critical examining of ourselves, that in those actions which are supposedly good and generous, there is also a smirch of self-seeking, a something like eagerness for praise or hope of personal advantage. In fact, as Tennyson has set forth in his inimitable poem, we have occasion to pray not only that our faults may be forgiven, but our virtues too.

Xenophon in his *Memoirs of Socrates*, has represented the philosopher as suggesting the existence of two goddesses of love—two Venuses or Aphrodites. The one is a heavenly being inspiring only the higher motives and superior individuals; the other a divinity or principle that actuated every one. In analogy to this illustration, our characters are composite, and both these kinds of love are commingled in us. Children whose manners and habits are still immature and not fully formed, display this condition most strikingly. It is at this period in their career when they should be most scrupulously cared for, and it often seems to be the period when they are most neglected. Yet it is the time when the foundation is most firmly planted for future health, stamina and character. The child that Shakespeare describes as trudging unwillingly to school is the material of which the coming man or the coming woman is formed.

The love, if so we are to call it, which appears at this period of life, has more the character of an instinct than of a principle. It demands an equivalent return for all that it bestows, or it is likely to change to indifference, and even to actual hatred. A horse will love a man, and a dog his master, but if they are neglected, they will become estranged. In like manner, also, parents may lose the regard of their children, and brothers and sisters become as aliens to one another. There are often glowing attachments formed in adolescent life between schoolmates and familiar associates, but few of these comparatively are continued into mature years. They may be blighted by neglect and selfishness, or outgrown as character is more fully developed, or what is more likely, supplanted by other and stronger passions. "Not

having much depth of earth, they become unfruitful." And doubtless, it is best that it should be so. Yet, when this change from apparent affection to indifference takes place in families, it appears in a hateful light.

With the passing from adolescence into adult life, the individual blossoms out into a new mode of being. What may be described as the consciousness of sex, and attraction to others, is now developed; and with it there come likewise an increased sensibility to emotion, and the perception of duty to others. It is at this period that individuals are susceptible to religious influences as these are occultly allied to the attractions of sex and the impulses of personal ambition. Perhaps all this may be set down as being so because our humankind is an outcome and copy of Divinity itself. For we read in the fifth chapter of the Book of Genesis the following statement tersely given of human origins: "In the day that God created man, in the likeness of God created he him; male and female created he them, and blessed them, and called their name Adam, in the day that they were created."

The more powerful motive and principle in human character, which arouses the whole nature into activity, which gives directness to action, and brings inchoate sentiment into full bloom, is love. Under its impulse, the individual, however reserved, self-contained and even indifferent, he may have been, now becomes conscious that his condition is incomplete. There comes attraction, sometimes to younger persons with the disposition to aid and protect them; but more commonly in our modern society it will be toward individuals of different sex, and with it there comes a willingness, and even a passionateness to serve and oblige. Often this appears as self-abnegation, and indeed, it may develop into that celestial quality, which is manifest by seeking not personal welfare and advantage, but what will best enure to the happiness and well being of its object. But unfortunately, the crude selfishness which belongs to the immature and undeveloped period of life clings to us more or less, even in the extremest devotedness. In innumerable cases the predominating principle seems to be wholly personal. This is the fact with savages, and all who imagine that all things are for them. "There are two principles in us," says the philosopher Plato. "The one is a desire of pleasure, the other an acquired sentiment which aims at that which is most excellent. Sometimes the two are in harmony, and sometimes they are at war, and one or the other gets the upper hand. What is generally called the mighty force of love is irrational desire which has overcome the

tendency toward the right, and so is led toward the pleasures of beauty and impelled by kindred attractions toward physical and corporeal excellence." Then, he remarks, jealousy becomes manifest lest the beloved object should excel the lover in personal qualities or be admired and sought by others. In such attachments as these there is no genuine good will but only an appetite requiring to be sated, as when wolves love a lamb.

Nevertheless there is much declaiming that is really unwarranted, about the low nature of the attraction between the sexes. For this is but the culminating of a law and principle that is as universal as being itself. The quality known as polarity is present in all existing things. When the electric phenomena are observed, they exhibit the twofold relationship which we perceive fixed in the magnet. The affinities of chemistry are simply manifestations of this polarity, and intelligent observation discloses the same thing in the innumerable forms of plant-life. We find it also in animals, in their friendships and alliances, and recognize it as instinct. The same principle inspires friendship between man and man, and induces affection between the sexes, often stronger than love of property, love of family, or even love of life itself. It is frequently common, because of the instinctive features incident to such attachments, to think and speak of them as gross, sensual and even as low and degrading; and, indeed, considered on the external side, they may be regarded in that light. For, this human being, our own self, who has been described as "little lower than angels," or little less than Divinity is capable of a debasement that would put any animal to shame. And of the best of us, however high we may exalt our heads towards the sky, our feet still rest upon the earth.

Yet it is this attraction of sex, however high or however low it may be, that constitutes the foundation of all our social systems. The relations of the connubial pair establish the home and from them is produced the parental affection which leads in human beings as in many of the animal races, to the guarding of the household. The gregarious instinct pushes these relations further, and creates the neighborhood, the commune and country. In these developments of the social relation, the human race excels all the animal kingdom. It not only makes for itself institutions, but brings into existence the arts and innumerable forms of science. Intelligent to build fires and construct language in its various intricacies, it exercises imagination to the widest extent of inventive power. This faculty

beginning with the simple devising of implements and utensils for the common uses of life, carries its planning into the larger fields of activity, where it may meet the demands of convenience, taste and even of inquisitive curiosity. All these achievements, so often the subject of boast, owe their inception, their value and usefulness to the peculiar attraction between man and woman. Thus not only does the entire social body owe its existence to that attraction, but we are indebted to it for the arts and culture which we extol as civilization—a term which by its original etymology denotes the mode of living together.

It is an apostolic maxim that "he that loveth his wife loveth himself." He is by virtue of that relation, more genuinely a human being, a component part of the community, as he can not be otherwise, a "living stone" in the social fabric. He thus is made more capable of living out the highest principle of life, charity, the loving of the neighbor as one's own self.

But we are hardly to suppose that even this is the whole of the matter. Our life is a training-school to higher ends. We go by steps from lower to higher, and are not able afterward to go back and take up with what before pleased us but has now been outgrown. It is well, however, that in every stage of experience and development, we should live and act according to its conditions. We contemplate an ideal excellence in them all, which makes the attaining of objects desirable, even when the conceptions are materialistic and commonplace. We imagine such excellence in children, in friends, in those whom we admire and for whom we entertain affection. Nevertheless there are defects and blemishes in all, and while we may supplement and correct one another to a great degree, we cherish the idea of an essence, a principle beyond all these objects, perfect in its excellence. Real love is absolutely the love and desire of such excellence. It is a seeing with the mental faculty of sight, the seeing not of an image of an object to contemplate and love, but actual perception of the reality itself, the highest fruition of which we are capable.

**DILATATION OF THE STOMACH, OR GASTRECTASIS.\***

By O. A. Palmer, M. D., Cleveland, O.

It may be properly said that every individual is a law unto himself as to the size of the stomach, but it is a fact that dilatation may be caused in many ways. The most common causes of dilatation are excessive amount of food, which is generally taken too rapidly with little mastication; pyloric obstruction, which may result from any one of the following causes: cicatricial contraction or stenosis from chronic gastritis involving the pylorus, pressure from tumors or from extreme flexions of the duodenum or pyloric end of the stomach, cicatricial contraction produced from ulceration, and an atonic condition of the stomach caused by overwork or too large amount of food.

It is not always an easy matter to determine when dilatation of the stomach begins, but if it does not empty its contents from supper to breakfast dilatation is probably present. In cases where the stomach has been irritated for some time and this irritable and possibly painful condition increases, it is well to measure the capacity of the stomach.

The motile and contractile power of the stomach resides in its muscular fibres, and if these muscular fibres become exhausted from stretching relaxation must follow, resulting in dilatation. No doubt in the beginning the muscles of the stomach become temporarily exhausted, causing the dilatation to come on in most cases by degrees. In cases where the stomach is engorged with an excessive amount of heavy food or fluids of any kind, the muscular structures may become fatigued, the consequent dilatation may become permanent. Its muscular walls may be relaxed and dilated where it is constantly holding food and fluids which are prevented from passing through the pylorus on account of stenosis, pressure from the tumor or stiffened by contraction.

In cases of malignant disease of the pylorus, dilatation will be gradual and the relaxation and distension will increase as this affection gradually closes the lower end of the stomach. Where the dilatation comes on gradually nature usually makes some effort to protect the stomach, and this organ takes on a state of hypertrophy and endeavors to strengthen itself for the increased amount of labor, but sooner or later this compensation will fail and the contractile power of the muscular fibres will

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\* Read before the North-eastern Ohio Eclectic Medical Association, Mar. 9, 1906.



be very much reduced, and degeneration of the tissues will supervene. After the muscular structure has lost its ability to support itself so there is a great defect in nutrition and enervation, permanent motor insufficiency of this organ can be said to exist. In this condition the accumulated food causes more or less fermentation and collection of gas, which in all cases causes a diseased condition to advance and still more weaken the walls of the stomach.

Many constitutional diseases may be causes of dilatation. The inherent vitality of children may be so low as to prevent the stomach from having sufficient energy or ability to do its ordinary work. If this is the case and the food is defective in quantity or quality, or improperly administered, this condition is very liable to develop.

All the diseases which cause great debility or exhaustion, either acute or chronic, should be thought of in considering the causes of gastric dilatation. All recovering from acute diseases should be very careful not to overload the stomach, as it is then in a condition that will easily lead to exhaustion, which may be followed by relaxation and then dilatation.

Some of the milder forms of irritation may lead to an acute or chronic catarrh, which always causes more or less inactivity, and allows the food to remain in the stomach. If this food undergoes decomposition with fermentation and putrefaction, large volumes of gas are formed which will produce inflation and put the muscular structure on a great tension, paralyzing to a great extent the muscular structure of this organ.

The high pressure methods of modern living which include want of sleep, want of exercise, want of fresh air, immoderate eating, and all the defects of hygiene, overwork, abuse of the sexual organs, great mental strain and worry, may produce atony of the stomach.

The chronic form generally gradually undermines the health and vigor, and some months or years are necessary to destroy life. A recent author says that acute dilatation is more frequent than has been supposed, and that most of these cases are fatal, and on this account it is proper for me to state the most important information giving light upon this subject.

While theories have been advanced to account for such a dangerous condition, so far it has occurred in cases of acute infectious fevers, pneumonia, and operations upon the stomach. Some writers say that this condition is produced by spasm of the pylorus as a result of hyperacidity, while others think that a sudden paralysis of the organ comes on.

Where the vital powers have been very much weakened by acute disease or shock, it is possible for a sudden and dangerous dilatation to take place, also this condition might occur in dyspeptic and debilitated persons suddenly overloading the stomach.

I have seen one case where I now feel positive that the individual died of acute gastrectasis, caused by overloading his stomach just as he was getting up from a long run of fever. This condition should be recognized early, and, if energetic treatment is used, the majority of these cases may be saved.

It must be remembered that in all acute cases it is not proper to permit food, drink or medicine to be taken by mouth. It can be readily seen from what has been said on chronic dilatation of the stomach that there are two main causes, the atonic and the obstructive. The atonic dilatations are probably very much less in frequency than those produced by the other cause and yet some cases do present themselves. These cases are usually produced by conditions already mentioned, and numerous cases have been reported in women in whom the tight corset and skirts have prevented the proper circulation and development of the organ, as well as the normal exercise of all its functions. Perhaps the most common causes, not mentioned, of atony of the stomach are gastropptosis, diseases of the heart, intestinal catarrh, anemia and diseases of the liver.

In the presentation of the symptomatology of this disease we wish to caution all observers to notice three important facts: first, that the vomiting occurs at intervals of a few days and enormous quantities of liquids and food are thrown up; then that all these cases have the symptoms of chronic gastritis, also the symptoms of pyloric stenosis. The ejecta is generally excessively acid and offensive, smelling sour, calling our attention to the fermentative changes which take place so rapidly where the food is prevented from passing from the stomach into the intestines.

Sulphureted hydrogen gas, acetic, butyric and lactic acids are formed in the stomach. These secretions are very acrid and cause the tongue to look very red and somewhat swollen. In one case I treated some years ago, the secretions were so acrid that the lips and skin around the mouth were badly excoriated.

Some authors say that this vomited fluid, if allowed to stand, separates into three layers, the lowest consisting of food, the middle of a dark grey or turbid color, and the uppermost of a brownish froth. In most cases there are eructations of foul

gases. Frequently these patients will suffer with cramps in the calves of the legs, flexors of the arms, as well as the muscles of the abdomen. Cases of tetanus have been reported.

Constipation, caused by the small quantity of fluids entering the small intestines from the stomach, is found in all of these cases, as well as dry and hard feces with scanty urination and dry skin.

Upon a careful inspection an unnatural prominence in the epigastric region may be detected, with the greatest enlargement in the pyloric region. Now and then a case occurs in which the outline of a distended stomach will be easily detected. Palpitation will reveal the condition of peristalsis. If this enlargement is tapped by the fingers a peculiar splashing sound will be heard, also there will be noticed an uncommon amount of elasticity. If there is much enlargement the tympanitic note can be detected several inches below the normal boundary of the stomach when the stomach is nearly empty. If the stomach is well filled with liquids and fluids or with water, dullness will be noticed instead of the tympanitic condition.

Some authors mention the stomach tube as being rather an accurate method of determining whether dilatation exists, stating that it should be twenty-four inches from the teeth to the lower edge of the stomach, while in dilated stomachs it may be twenty-six, twenty-eight or thirty inches.

I have used what I determine a palpating method which is as follows: after a sound has been introduced into the stomach, place one hand over the bare abdomen and determine where the point of the sound will give the lowest edge of the stomach. I have also used Turck's revolving sound called the gyromele, with which, after a little practice, one can easily outline the stomach.

One of the most common methods used with fair success is to give a teaspoonful of bicarbonate of soda, followed by the same quantity of tartaric acid, filling the stomach with carbonic acid gas and causing decided prominence in the epigastric region, which can be easily outlined and in most cases will give us much information in regard to the size of the stomach.

It must not be forgotten that dilatation may be caused by an excessive secretion of  $\text{HCl}$ . This is a fact that I have noticed in several cases, and I always feel very certain where I find gastric catarrh with great acidity. In some cases dilatation

of the stomach comes on in a very mild way which will be noticed by a slight coating of the tongue, bad taste in the mouth, weight in the stomach, and an uncomfortable feeling of fullness after meals, with considerable flatulence and belching; appetite variable, sometimes good and sometimes bad; constipation, headache, insomnia, and a general impairment of the health.

In some cases the gas will not be expelled on account of the cardiac orifice contracting. Most of the gas will pass into the intestines, and I have noticed that in the majority of these cases both the stomach and the bowels will become distended and tympanitic for some hours after the meal. If both orifices of the stomach contract at the same time, there may be severe pains, which will be generally relieved by some alkali or some one of the remedies that will produce emesis.

It must not be forgotten that in these cases a dilated stomach may become so debilitated that if it fills suddenly it will be unable to handle its contents and the patient will be suffering from dilatation, with retention of irritating matter. In these cases vomiting may be frequent, or nausea last a day or two before vomiting commences. If dilatation is produced by a malignant condition there will be a peculiar cachexia which is noticed in all these cases. Roentgen rays have been used to determine the size of the stomach after the patient had swallowed one-half ounce of bismuth emulsion several successive days before the rays were used.

[To be continued.]

## TYPHOID FEVER.\*

By C. E. Martin, M. D., Wagoner, Ind. Ter.

*Synonyms.*—Enteric fever; abdominal typhus; ileo-typhoid; nerven feber.

*Definition.*—An acute, infectious disease, of which the definitive cause is the specific bacillus of Eberth.

*Etiology.*—This disease is most prevalent during late summer and autumnal months, yet it may and has existed at all seasons. It will be remembered, that any fever, either idiopathic or symptomatic, will assume a typhoid character, if it continues sufficiently long for the blood to become engaged in a process of decomposition. In the majority of cases, the poison is transmitted from those affected with the disease, to those in good health, through the drinking water supply, in-

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\* Read before the Eclectic Medical Society of Indian Territory.

fectured milk, contaminated food, swarms of flies, oysters from polluted water, bad sewerage or drainage, decomposed animal matter, direct contagion from poor ventilation and prophylactic measures used, where the disease is present. The danger of infection is no greater to those who live in cities, whose sanitary measures are by no means faultless, than to the country inhabitant who is careless as to the location of his well or water supply, vault, garden, or casting off excreta, all of which will foster and multiply the bacillus typhosus. Freezing will not kill them; they may exist in ice for months, until liberated, and then create mischief. They are not permanent outside the body, and boiling destroys them entirely.

Sex does not seem to affect the liability in typhoid fever. It may occur at any age, but most frequent between the years of fifteen and thirty. Children are not immune, and it may occur as late as 75 or 80 years. The occurrence of typhoid fever confers an approximate, though not an absolute, immunity against subsequent attacks.

*Pathology.*—As typhoid fever has a definite localization in the glands of Peyer, we find it characterized pathologically, by hyperplasia and sloughing of Peyer's patches: clinically, by its slow and insidious onset, peculiar temperature curve, swelling of the spleen, diarrhea, rose-spots, tympanites, sordes and epistaxis.

The lesions produced by typhoid fever may be divided into two groups; thus:

1. Primarily, the lesions are due to the direct effect of the bacillus upon the lymph-follicles of the intestines, the mesenteric, and other lymph-glands, and spleen. In about 33 per cent. of the cases, the morbid lesions are confined to the large intestines. In mild cases a few Peyer's patches in the lower part of the ileum are alone the seat of infiltration and subsequent changes.

2. Secondary lesions, due chiefly to continued fever and secondary infection. We may find these lesions in the liver, kidneys, pharynx, larynx, lungs, heart and blood. Onset is usually gradual, may be sudden, especially in children. *We may have, as complications:*

- (a) Nephro-typhoid, with all the symptoms of an acute nephritis.

- (b) Pneumo-typhoid, pharyngitis, laryngitis, bronchitis, lobar-pneumonia or pleurisy.

- (c) Gastro-enteric-typhoid, with vomiting and diarrhea.

(d) Cerebro-spinal-typhoid, with nausea, delirium, intense headache, or facial neuralgia, photophobia, cervical retraction, twitching of muscles, convulsions, drowsiness or stupor.

(e) Typhoid-septicemia, with delirium, high temperature and symptoms indicating a severe infection, without localizing lesions.

*Symptoms.*—Owing to the temperature curve in typhoid fever, we will divide its course into three stages, thus:

1. Stage of development. The average duration of time between the introduction of the poison into the system, and appearance of the first active symptoms, may be from one to three weeks. During the time the patient may perform his avocations, though feel languid; he complains of headache, pains in back and legs, chilliness, rarely rigor, anorexia, nausea and slight diarrhea. Epistaxis, at this time, may betray the nature of the disease, with increased prodromal symptoms, feverishness and thirst. He finally takes his bed, and we will find the temperature going higher, day by day, until 102, 3 or 4 degrees is reached. Thirst is great, headache intense, skin hot and dry, tongue heavily coated with a dirty, foul mucus, bowels constipated, urine scanty and usually high-colored, with traces of albumin. The pulse is rapid, though the pulse rate is often lower than would be expected in comparison with the temperature. As the disease progresses it becomes weak and rapid, or in grave cases running and thready. The heart sounds become weak, the first resembling the second. Abdomen slightly distended, and spleen found to be swollen, cough and some thoracic oppression. Sleep is disturbed and restlessness present.

2. Fastigium, or second stage, begins usually about the fifth day, and in typical cases lasts about two weeks. The general symptoms become more marked; fever remains high and exhibits the continued type; pulse accelerated; headache disappears and is replaced by mental dullness; the patient answers slowly, and may have a mild delirium at night; he may have a dry cough with more or less bronchitis; this respiration may be quick and short or labored; tongue brownish and dry, abdomen distended and tender, especially in the right iliac fossa; diarrhea displaces constipation, spleen enlarged, rose spots may or may not appear; typhomania or coma-vigil is developed, and the patient is very much prostrated, being unable to get up in bed or change his position. The duration of this stage varies with the severity of the disease.

3. Stage of decline. At the end of the second stage, which

may be about the twenty-first day in favorable cases, the fever begins to decline and with it the accompanying symptoms gradually disappear and the patient convalesces. In the graver cases the diarrhea becomes worse and very offensive, coating on the tongue is almost black, sordes on the teeth, and lips dark and fetid; the abdomen is greatly distended and tender; the urine and feces may be involuntarily discharged, or the urine may be suppressed, greatly distending the bladder. The posture is constantly supine and the patient slips to the foot of the bed; carphology and jactitation occur. The circulation is so impaired and the patient's vitality so exhausted, that the mortality at this stage is greatest. Should the temperature rise with a marked irregularity, which may occur at the latter part of the fastigium or period of decline, complication is indicated. We may have hyperpyrexia in typhoid fever, and is most frequent before dissolution. Should the temperature fall suddenly and considerably, peritonitis is present or perforation or hemorrhage has taken place.

[To be continued]

### GROWTH—MALIGNANT AND NON-MALIGNANT.\*

By N. A. Herring, M. D., Benton Harbor, Mich.

In briefly considering the various forms of growth (malignant and non-malignant) which come under the observation of the general practitioner for advice and treatment, I find that often the patients are turned away with an evasive answer, or when pressed for a more definite decision, they are advised to consult some specialist or surgeon, and thus often cases which could easily and successfully be treated at home, are turned over to some one at a distance, who removes the growth with the knife or otherwise, and pockets a fat fee; which could just as well have been retained by the home physician, with the thanks as well as the fee of the patient.

Under the head of the non-malignant form, we have moles on the face and neck, warts, scaly ulcers of a lupoid nature, nevus, etc., which can all be easily and successfully removed with Howe's Escatol (single strength). This preparation contains zinc chloride and salicylic acid.

First remove the external surface with a scalpel, and then apply the ointment on a plaster, first applying a cloth over the growth, cutting out a small opening in the cloth, and then applying the plaster direct to the growth; remove it every day

\* Read before the Eclectic Medical and Surgical Society of Michigan, May 10, 1905.

for a few days, then every other day until every particle of the growth is removed; then dress with plain vaseline, until the surface is healed.

For the various forms of malignant growths, such as fungoid and scirrhus cancer, when there is an indurated mass, like in epithelioma and carcinoma, should you see the growths in the early stages, you can remove most of them successfully with the quadruple strength of Escatol. First incise the growth, if of a scirrhus nature, then apply a piece of muslin cloth to cover the edges as before, and over this apply a plaster of the Escatol, renewing the plaster each day, until the growth is entirely broken down; then apply a slippery elm poultice for twenty-four hours to draw out all matter, and then dress with simple cerate until the wound is healed, and you will be more than pleased with the results.

In case of severe pain, a mild anodyne should be given the patient to take, also the general health should be looked after, the bowels regulated, and the patient put on the following mixture where a malignant form of trouble exists.

R—Lloyd's Sp. Echinacea, ʒ ij.

Elixir Ferri Pepto. Mangan. q. s. ʒ iv.

Mix. Sig. Teaspoonful after each meal and at bedtime.

In all cases the patients should be where you can watch them carefully until their trouble is entirely corrected.

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### PENETRATING WOUNDS OF THE LUNGS.\*

By A. B. Young, M. D., Brownsville, Tenn.

Penetrating wounds of the lungs may be of the most varying character, from the slightest perforation with a minute instrument, to the most frightful loss of tissue by large missiles or bullets.

Wounds of the lungs are very common, and are mostly produced in personal combats, by shooting or stabbing. While they are all serious, and even dangerous to life, recovery is not infrequent where there is a clean cut, or the bullet passes entirely through the body without leaving any foreign body or substance in the lung tissue, and the heart and large blood vessels are not injured.

These are always emergency cases, and the physician or surgeon should ever stand ready with a steady nerve and the necessary appliances to treat them. The surgical attendant should

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\* Read before the Tennessee State Eclectic Medical Society, May, 1905.



also be guarded in his prognosis of these cases, as not infrequently a coroner's inquest or a judicial investigation follows the shooting or stabbing, and the attendant becomes an important expert witness in the case. His testimony may be important in leading to the arrest and conviction of the assailant, or equally instrumental in affording life and liberty to an innocent person falsely accused. The surgeon as an expert witness, may be able to determine whether an individual who has been shot has received skillful treatment or not, as patients suffering from bullet wounds not infrequently die from injudicious probings, or through lack of proper care and attention; and while the expert witness' professional knowledge and skill may be severely put to the test, and he suffer much vexation of spirit, in these judicial investigations, through the persistent tactics of the ever alert cross-questioning attorneys in their endeavor to entangle him and thus annul his testimony, still we should not let this deter us from taking charge of such cases when called upon, as the successful treatment of a patient with a knife or bullet wound through the lungs may make for the young surgeon a reputation that otherwise might take a lifetime to attain.

Wounds of the lungs are dangerous in proportion, first, to the amount of hemorrhage which they produce, and secondly, to the amount of air, and especially of any foreign or septic material which has been introduced or permitted to enter. The first mentioned is the one of most immediate danger, and its relative extent is to be judged of by the direction the penetrating missile has taken, if this can be ascertained, and by the general condition of the patient. If the patient expectorates blood, the existence of a wound of the lungs may be instantly recognized. If air can be heard entering or escaping from the chest, or if the lung is evidently collapsed, it is a sign of perforation of the lung or pleura upon that side. If collapse be extreme, death will probably rapidly ensue, a large blood vessel evidently having been injured. If the external wound bleeds freely, the blood probably comes from one of the intercostal or mammary arteries. Much information as to the depth of the perforation, extent of injury, etc., may be obtained by examination of the weapon which produced the wound. It is not every bullet or stab wound of the chest that will cause perforation of the pleura. A bullet, or the blade of a knife, may be deflected by the sternum, ribs or the scapula, in such a way as to pass perhaps a long distance through the tissues without entering the thoracic cavity.

Emphysema, or the infiltration of air into the subcutaneous cellular tissue, is another evidence of perforation. This may not exist immediately after the injury, but may be found on examination, some hours afterwards. Hernia of the lungs will also be positive evidence of perforation of the chest cavity.

The treatment of penetrating wounds of the chest or lungs necessarily depends largely upon their character and extent. Injuries of the large blood vessels are usually rapidly fatal, and for these surgery, as a rule, has little to offer. But where no such immediate danger threatens, we should seek first to check hemorrhage, by keeping the patient as quiet as possible, the use of pressure, tampons, etc., and, where the case justifies, the wound may be enlarged by free incision, and the bleeding vessels or tissues ligated according to circumstances. Bleeding intercostal vessels may be easily reached and ligated, and even an internal mammary artery, though more difficult to reach, yet its course parallel to the border of the sternum and a short distance from it, being known, though inside the thorax, a strong ligature may be thrown around it and made secure. Should other means fail, the bleeding may be checked by means of a compress or aseptic gauze plugged tightly into the wound.

Above all things, it is needful to warn against useless probings in bullet wounds, since by use of the probe nothing is revealed in these cases which could not otherwise be learned; while by its use the protective blood-clot is disturbed or broken up and the hemorrhage renewed; also, septic matter may be introduced into the wound, provoking serious troubles which otherwise might not occur.

Hemorrhage being checked and the region of the wound being thoroughly cleansed, probably the best course for the average practitioner to pursue is aseptic occlusion, using iodoform gauze, sterilized pads, absorbent cotton, etc. Such blood as is poured into the pleural cavity ordinarily coagulates rapidly and is subsequently absorbed; but if, later, should serous effusion or purulent degeneration take place, its effects may be overcome by aspiration, or by incision and drainage.

In cases of severe shock to the nervous system, with great depression and syncope from the loss of blood, hypodermics of strychnine, nitro-glycerine and other stimulants may be given, and the saline solution may be used, either by rectal injections or into the cellular tissues to help resuscitate the patient, and an occasional hypodermic of morphine may be administered to relieve pain and quiet the patient.

The after-treatment consists in keeping the patient as quiet and as comfortable as possible, and the use of such sedatives and antiseptics as may be required to keep down sepsis and to hold in check traumatic fever. For the last, nothing is superior to sp. echinacea, or echifolia. The proper nourishment should be given and the wounds dressed sufficiently often to insure cleanliness and comfort.

[To be continued]

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### HYDRASTIS.\*

By George Snyder, M. D., Weston, W. Va.

*Hydrastis Canadensis*, golden seal or yellow root, is a native perennial plant, growing in shady wood in rich soil.

*Preparations.*—We have specific hydrastis, fluid extract of hydrastis, aqueous hydrastis, Lloyd's colorless hydrastis, hydras pulvia, and hydrastine hydrochlorate.

The remedy is stimulant, tonic, antiseptic and alterative. In its influence on the nervous system it increases heart power, and muscular tone, in medicinal doses; while in extreme doses it blunts sensibility and it is said will produce convulsions.

In its influence on the stomach and bowels the action is most marked. It promotes the appetite, increases secretion, and soothes and allays irritation in a marked degree. It also increases peristaltic action and imparts tone to the whole alimentary tract, thence its influence is most important in catarrhal gastritis, or in ulceration of the stomach, not only relieving irritation of the mucosa, but purifying the ulcerated surface, and imparting the necessary tone to the tissues. In those old troublesome cases of atonic dyspepsia, where stomach and liver are deficient in action, hydrastis is one of our very best agents, either alone or in combination with other indicated remedies.

In chronic alcoholism it is of inestimable value in relieving irritation and promoting normal function. Hydrastis capsicum and cardamon compound are used to supply the wants of the system produced by the excessive use of alcoholics, and very materially assist in the cure of the disease, and may be given in connection with strychnine or other indicated remedies.

The action of the remedy on unstriated muscular tissue makes it a valuable remedy in many uterine disorders, as it stimulates nutrition and muscular tone; it has a very decided influence in subinvolution, menorrhagia and prolapsus, not only restoring

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\* Read before the West Virginia Eclectic Medical Association, May 17, 1905.

the tone of the uterine and perineal muscles, but exerting its specific influence on vaginal and uterine mucosa. In speaking of the remedy in treating cancers of the breast, Prof. Ellingwood says hydrastis is indicated where the tumors are hard and painful; conium where they are small, hard and painless. In all catarrhal diseases, where there is feeble flabby conditions both of mucous and muscular tissue, it is the remedy par excellence, both locally and internally. In apthous sore mouth, ulcerated stomatitis, in diphtheria and tonsilitis it makes an elegant gargle. In gonorrhea, leucorrhea and catarrh of bladder, it makes a splendid wash.

Internally from the fraction of a drop to five drops of Lloyd's or Merrill's hydrastis, and from two drachms to one ounce to the pint of water as a douche or gargle, may be used in any of the conditions named above, and many others that might be named; and as you use, watch its action; you will never regret it, and continue to use it with ever increasing benefit.

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#### DEATH OF A. B. WOODWARD, M. D.

By Alexander Wilder, M. D., Newark, N. J.

Another of the members of our force is withdrawn from the earth. Dr. A. B. Woodward, of Tunkhannock, Pa., long a leading figure among the Eclectics of the State, and notably the last of the veterans, passed away on Monday, April 10, full of years and honor.

Dr. Woodward was born at South Gibson, in Susquehanna County, June 6, 1824. He was the youngest of his family, and received such education as the district schools offered. Having an unappeasable passion for medical knowledge, he availed himself of all opportunities to observe and learn. He early acquired an extraordinary knowledge of the medical flora of the region, and seemed to know the medical properties of a plant that was growing wild when he saw it.

He resolved to become a physician. What technical instruction he received I never ascertained; but he was proficient in the scientific attainments of the profession, both as diagnostician and prescriber. His anatomic knowledge was accurate, and he soon gained a wide reputation.

He finally established himself at Tunkhannock, Luzerne County, Pa., now in Wyoming County. Here he had all the varied experiences of a diversified country practice, and the

remarkable professional success which attended him made him popular as a practitioner. He became *primus inter pares* among the Eclectics of northern Pennsylvania. The Susquehanna District Eclectic Medical Society sprang into existence, and he was often president and representative. He was also president of the Eclectic Medical Association of the State, and vice-president of the National Association.

More than once his constituents planned to bring his name forward for the presidency when the annual meetings were held in the State, but "another stepped in before him." He was also Professor of *Materia Medica* in the United States Medical College, and though opposed to medical legislation, was placed on the Eclectic Board of Examiners, till he finally declined appointment.

He was devoted to pharmacy, and his knowledge of the medical flora of the American field was seldom equaled. He seemed to know medicinal plants by instinct. His observations and laudations of the *Gentiana* were leading causes of its promulgation by drug houses; and several proprietary medicines now on the market were compounded from suggestions made by him. He presently established a manufactory of his own, and the articles which he prepared were superior in purity and virtue to most of those on the market. He was careful and conscientious, both with medicine and patient, and his reputation as a practitioner extended far beyond the county in which he lived.

A letter which he wrote me some months ago told of his failing in strength and the coming result. But until April last he did not wholly give up work. He had, however, taken to his bed for about a week. The family were removing to a new residence on Monday, the 10th, and he rode to it in a carriage. Getting out alone he was helped upstairs by his wife and Mr. Brandage, his stepson. A quarter of an hour later he had passed away.

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## SETON HOSPITAL REPORTS.

PROF. L. E. RUSSELL, SURGEON.

CASE 90.—Dr. Nicholas Baumann, of Goshen, Ind., brought to Seton Hospital, Mrs. M., a lady forty years old, the mother of a child sixteen years of age. At the time of the delivery of this child there was a bilateral laceration of the uterine cervix, and a complete laceration of the perineum, extending an inch and a half up to the anterior rectal wall. The patient never had

submitted to any surgical procedure for relief, but had been content with her lot until health and life were miserable; when she came into the hands of Dr. Baumann, who made a careful examination and recommended the patient to Seton Hospital for operation. During all these years there had been complete inability on the part of the patient to control the action of the bowels, as the sphincter muscles had been entirely severed, and the rectum torn, as above mentioned, one and one-half inches.

On examining the case, on either side the dimple was plainly manifest, showing the severed ends of the sphincter-ani muscle. The operation contemplated the closure of the bowel to the introitus of the vagina, with the dissection of the ends of the sphincter muscles, and their coaptation and union. One feature of this operation, and I believe the assurance of success, depends upon a central tenotomy of the sphincter muscle in its central posterior part. This puts the muscle to rest, or in reality paralyzes the muscle so that the two sutured ends can be approximated, and fastened with silk-worm sutures, and union obtained before the incised tenotomy portion makes adhesions, to restore the muscle to its normal use.

Dr. Baumann remained with his patient to look after the surgical care, and at the expiration of fourteen days the wound had entirely healed, so that the patient had full control of the action of the bowels, and returned home with her physician highly elated over the successful issue; to use the patient's own expression, "No one, unless similarly affected, could appreciate the difference in life now to what it has been for the last fifteen years."

CASE 91.—Dr. F. P. Stedem, of Saybrook, Ill., brought to the hospital Mrs. L., a widow aged fifty, who for years had been a constant sufferer with pain in the right hypogastric region, and a tumor mass the size of a man's fist extending down to the umbilicus. The patient recently came into the hands of Dr. Stedem, who readily made a diagnosis of gall-stones, and immediately advised surgical interference. The patient was highly jaundiced, and added to this there was ecchymosis over the entire body, in spots varying in size from that of a nickel to a silver dollar. There was much tenderness on pressure over the region of the gall-bladder. The patient had been prepared for operation before coming to the hospital; and the day following her entrance, an incision was made beginning at the border of the ninth costal cartilage over the region of the en-

largement, extending downward about three inches. Previous to the incision a sandbag had been placed under the right side, which made the bulging tumor mass very prominent, pressing against the anterior abdominal walls.

The first incision extended through the abdominal walls; and the knife dropped into the gall-bladder inside of two seconds from the laying of the knife upon the patient. There was a flow of bile and pus to the amount of nearly a pint, and the presentation in the edges of the wound of a large gall-stone, the size of a hen egg. This was removed; and then with dressing forceps another lith was found the size of a pullet's egg, with the sharp end extending and completely plugging the gall duct at its proximal end. After the two liths were removed, and the gall-bladder curetted, the incised duct was sutured first to the peritoneal incised wound, then to the sheath of the muscle, and lastly to the inner cutaneous edge of the incision. The gall-bladder was thereafter packed with strips of iodoform gauze, which acted as drainage for three or four days. The packing is usually placed sufficiently tight in the outer edge of the incised gall-bladder to help act as a retainer of the cystic walls against the incised walls, which is a secondary assurance that drainage will not escape into the abdominal cavity.

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## EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

### SIMPLE CHRONIC RHINITIS.

This is a chronic inflammatory action of the nasal mucous membrane, resulting from prolonged irritation or repeated attacks of the acute type, especially when neglected. It is intermediate between acute and commencing atrophic rhinitis.

*Etiology.*—Chronic rhinitis may be the result of repeated acute attacks, the continuation of a neglected severe attack, and occasionally no cause can be assigned. Debilitated conditions of the muscular or nervous systems are conducive to the development of this disease. Predisposing causes are the same as those producing acute rhinitis. The disease is especially liable to follow the simple acute rhinitis which occurs in infectious diseases, or the acute rhinitis of the new-born. The disease is often seen between the ages of sixteen and thirty-five.

*Pathology.*—Relaxation of the membrane and erectile tissue. The characteristic appearance of atony of the vascular system

will be present. The tissues being flabby and readily distended with blood. The contractile power of the vessels is more or less diminished. There is venous engorgement of the erectile tissue. The walls of the blood vessels become more permeable to the inclosed fluid and there is escape, especially of the white corpuscles of the blood, into the surrounding tissue. These elements proliferate and in connection with the proliferation of the fixed connective cells, new tissue of inflammatory origin is formed. The continuation of the chronic inflammatory stage after the newly formed tissue is organized, marks the intermediate stage, which eventually leads to atrophic rhinitis. This intermediate stage is frequently mistaken for hypertrophic rhinitis. There is more or less exudation on the surface, intermingled with migrated cells and degenerated epithelium. Glandular atrophy results from the pressure, both of vascular distention and increase of connective tissue.

*Symptoms.*—Usually the first symptoms are irritation of the nose, or increased nasal or post-nasal discharge. Slight exposure will increase the secretion, and there will be a slight sense of discomfort in the nose. During the early stages the secretion is usually thin and watery; later it generally becomes thicker, more tenacious, mucopurulent or purulent. Occasionally there may form dry greenish crusts or thin strings of secretion extending across the nasal passages. If the crusts remain for any length of time, they may become infected, and emit an annoying odor. If the patient continually “picks the nose” to remove the crusts, the irritation produced may result in ulceration of the vestibular and septal tissue with perforation. The discharge in the debilitated may be profuse, non-irritating, clear and watery. An intermittent partial or complete occlusion of the nose may occur, but a “stuffy” sensation is nearly always present, with a dull heavy pain over the bridge or at the root of the nose, dull frontal headache, the result of closure of the infundibuli, and occasionally hebetude and indisposition to work, will be present. The neuroses which often accompany this disease are itching or tickling in the nose; sneezing, spasmodic cough, usually dry; vomiting or asthma. There is a slight “nasal twang” to the voice.

In the later stages the sense of smell is usually impaired. Disturbances of the digestive apparatus, probably due to the swallowing of the secretion, will often produce a general debility of the system. Attacks of acute rhinitis are frequent on slight exposure, especially in damp weather. Redness of the tip and



alæ of the nose is often present in cases of long standing, and may be accompanied with more or less swelling of the tissues. Inspection of the nasal cavities will reveal a diffuse, more or less swollen membrane, especially on the middle and inferior turbinates, and the septum, red, soft and cushion-like, with some portions covered with secretion. Hyperesthetic areas are usually found.

Pressure with a probe will cause the tissue to pit easily, the indentations disappearing slowly. The application of a solution of cocaine, or the derivatives of the suprarenal gland will cause a contraction of the swollen tissues. These methods differentiate a chronic rhinitis from a hypertrophic, as in the latter the tissues do not pit readily, and the indentation quickly disappears, and with the constricting agents there is only a partial subsidence of the swollen tissue. In persons much debilitated or the aged, the membranes may be pale, and bathed with a watery secretion. The secretion varies, but may be thin, thick, scanty, copious, bland, excoriating, white, discolored or bloody. The disease is most annoying in spring, autumn and winter, and as a rule causes little annoyance in the summer, unless the vocation requires persons to be exposed to irritating dust or vapors.

*Diagnosis.*—The history of the case, careful inspection and palpation of the tissues with a probe, or the use of contractile agents.

*Prognosis.*—The occupation of the patient and hygienic surroundings will have much to do with the prognosis.

*Complications.*—There may be the more or less loss of the sense of smell, and necessarily a corresponding loss of the sense of taste. Implication of the eustachian tubes will cause aural complications. The accessory sinuses and lachrymal drainage system may be affected. Granulation tissue or polypi may also be an unpleasant complication, and digestive disturbances are frequent.

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### MOUTH BREATHING IN CHILDREN.

Until within a comparatively few years even specialists have considered the nose purely in an esthetic sense as a prominent feature lending more or less beauty and character to the face. To be sure the "Corsican Ogre" is said to have been in the habit of choosing his generals from the size of their nose—his dictum being "the larger the nose the greater the general."

At the present day the function of the nose in warming,

moistening and cleansing the inspired air has come to be fully recognized. It is now well established that any defect which interferes with proper breathing through the nose and compels the child to breathe through the mouth is attended by a long series of more or less remote disastrous results. Such children are sure to be stunted in growth and mentally dull and stupid. Enlarged tonsils, adenoids and deviations of the nasal septum are the most common etiologic factors in mouth breathing.

Children who "talk through the nose and breathe through the mouth" should receive proper surgical treatment in order that the nasal passages may perform their proper function. This should be done while the child is young, for neglect means not only poor health and a lowering of that normal resisting power which is the best safeguard against every infectious disease, but also it serves as a check upon natural growth both physical and mental, and may lead to deafness or lack of acuteness in hearing.

When we recall the many bumps which the nose receives while the infant is learning to walk, it is no surprise to find that in a majority of children the partition between the nostrils is more or less displaced or deformed. Such deviations of the septum are of little account unless the function of breathing through the nose is impaired, but when this result follows, the defect is a serious one and parents should be on the watch so that the deformity may be corrected before it is too late.

When that time shall come when the school physician shall be a part of the teaching staff of our schools, then many children, made dull, stupid and almost idiotic from mouth breathing, will be rescued from an opprobrium due more to disease than defect in mental development.—*Journal of Medicine and Science.*

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## PERISCOPE.

### LYCOPUS VIRGINICA.

This remedy has not received the investigation it merits. It is the common bugle weed of the United States and Canada. The tincture, or fluid extract, is made from the herb. In some cases, a small dose is more efficient than a larger one. In other cases ten minims of the specific medicine should be given every two or three hours.

When as a cause of perverted functional activity of the heart, the liver or spleen or other great glandular organ is at fault,

this remedy will be found of much value. When from liver disorder there is gastric or intestinal derangements of a chronic character, *lycopus* will exercise a beneficial effect upon the heart.

Whether the disorder be functional or organic, whether there be present irritability, or irregularity, if accompanied with dyspnea and a feeling of oppression in the cardiac region, the administration of this drug will be followed by gratifying results. When hypertrophy and dilatation even, are present, under the conditions named, this agent is beneficial. It has been given in angina pectoris with good results. Its sedative influence upon the heart is most pronounced when the vascular action is tumultuous, when the velocity of the pulse is rapid with deficient power in the heart. It is thus employed to advantage in advanced stages of acute disease, where there is great debility, or in chronic disease, where there is feeble and frequent pulse. In these cases, where the temperature is high, and where the nutrition of the heart and of the central nervous system is greatly at fault, it may be combined advantageously with *cactus*. It improves the circulation, strengthens the action of the heart, and modifies all unpleasant phenomena.

While, like *digitalis*, it reduces the velocity of the pulse, it does not interfere with the adjustment of the heart's action to changed conditions, and is thus devoid of the dangerous influences of *digitalis*. It acts kindly upon the stomach, improving the appetite and adding tone and vitality to the glands of that organ. It is advised as a remedy in protracted fevers, when insomnia and morbid vigilance are present.

It is the writer's opinion that, like *cactus*, *rhus toxicodendron*, *bryonia* and *echinacea*, it exercises an inhibitory influence upon the temperature, to a satisfactory extent in extreme adynamic or sthenic fevers of a prolonged character, probably because of its tonic influence upon the heart.

It has been beneficial in endocarditis and in pericarditis, especially when these disorders are accompanied with any serious disturbance of the nervous system, and where dyspnea and precordial oppression are present.

Because of its influence upon unstriated muscular fiber, increasing its contractility, it is of value in dilatation of the heart, and in hypertrophy, where there is pronounced feebleness of the muscular structure of that organ. The remedy has been used in several cases of exophthalmic goitre, with good results,

favorably influencing the attendant conditions, while there was apparent abatement of the disease.

Many writers claim excellent results from the use of this agent in the treatment of acute inflammation of the lungs or bronchial tubes. They claim that it controls the fever, soothes any irritability that may be present and greatly modifies the inflammatory processes. In chronic diseases of the chest, accompanied with copious secretion of mucus or pus, it is especially valuable. A number of writers are enthusiastic concerning its influence in cases of incipient phthisis, and all are united in the fact that it controls hemorrhage from the lungs, whether of a mild form, or whether accompanying the protracted stage of the disease.

It is valuable also in the hemorrhage of typhoid fever, in the hemorrhage of chronic diarrhea and dysentery, and in hematuria.

If a good preparation of lycopus be used in the line of its specific indications it will prove a satisfactory remedy. The symptoms which most directly demand its administration, are vascular excitement from any cause, vascular engorgement of the lungs, kidneys or gastro-intestinal organs, pulmonary hemorrhage, especially in its incipency; incipient hemorrhage of a sub-acute character in any of the vital organs; cough with free expectoration; debilitating, chronic cough; where there is violent or tumultuous heart action; wakefulness, whether accompanying acute or chronic disease, with morbid vigilance, if there be present extreme activity of the circulation, and excitability of the nervous system.

It should be used, also, as an auxiliary remedy in all cases of incipient phthisis.—*Editorial Chicago Medical Times.*

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#### ALEXANDER WILDER, M. D.

Erudite philosopher, philologist and historian, whose monumental accomplishments the Eclectic profession is ever ready to honor, bears well these titles to distinction. His very ideals of mental freedom have made his life necessarily a part of the structure and history of Eclecticism, and the editors of the *Gleaner* take pleasure in presenting a brief—too brief—sketch of his notable career.

Alexander Wilder is of Massachusetts parentage, his father being Abel Wilder, and his mother Asenath (Smith) Wilder. A distinguished line of ancestors backs these parents, Dr. Wilder

being remotely related to the Adams family, to Margaret Fuller (Ossoli), and to William Boardman, the organist and student of Harvard College, 1658. Of this English and Irish stock, Alexander Wilder was born at Verona, N. Y., May 14, 1823, being the eighth of a family of ten. The district school furnished his early education. At the age of fourteen he left school, and at the precocious age of fifteen began teaching. Always a student, he read everything that came in his way, and at this early age had mastered the branches ordinarily taught, and made a good beginning with such academic subjects as botany, chemistry, rhetoric, algebra, Latin and Greek. Spending several seasons in Massachusetts, he began reading medicine with his cousin, Dr. George H. Lee, a regular physician, and Dr. J. A. Gridley, a Botanic physician. Many of his brothers and sisters dying upon reaching adolescence and adult age, and not being robust himself, Dr. Wilder began to question prevailing medical methods, and thus was led to examine into the new notions of the day, such as mesmerism, the water cure, etc. This began his independent career, in which, however, he had at that date no purpose of becoming a practicing physician. At the age of eighteen, desiring to be an editor, he learned to set type. Here he laid the foundation his ambition sought, and subsequently, in many conspicuous journalistic positions displayed his remarkable intellectual powers and capacity for learning. In this connection it may be said that for thirteen years he was connected with the editorial staff of the *Evening Post*, of New York.

As early as 1848, while still working on the New York home farm, he organized a County Botanic Medical Society, which a year or two later, took the name Eclectic. He was now fairly heretical in medicine, but he regarded Beach's practice as safer and more complete than Thomson's. Though disliking illiteracy, he never ceased to admire the energy and courage of Thomson. In 1850, upon request, he attended the session of the New York Eclectic Medical Society. He was made secretary to the society, and subsequently lectured in the Syracuse Medical College. Here began his long and conspicuous service in Eclectic medicine, which is too well known to *Gleaner* readers to require special notice. During the interval between 1853 and 1864, however, he took little interest in the proceedings of medical bodies.

In the capacity of representative of the *New York Evening Post*, he was at one time a power among the legislators at Albany, who frequently sought his advice. So well versed was he,

that he predicted, county by county, in New York, the actual majority received by Mr. Lincoln, in 1861. From 1876 to 1895 he served as Secretary of the National Eclectic Medical Association, editing, during that period, nineteen volumes of its Transactions. Four times has the honorary degree of M. D. been conferred upon Dr. Wilder, but, while appreciating such and other collegiate distinctions, he makes no selfish use of the honors. The bulk of his medical and public career is in the domain of the future historian's pen, and much to our regret, owing to lack of space, can not now be even touched upon.

In person, Dr. Wilder is of striking appearance, tall, sparsely built, with a massive head and remarkably piercing eye. He is a ready, fluent, and pleasing speaker, keeps his temper in debate, and by reason of his great wealth of knowledge, seldom finds his match in discussion. Born with a liberal sprinkling of stubbornness, he has enjoyed mental freedom in all his acts, more than once making great personal sacrifices in behalf of friends. We believe this will be recognized when, in a time to come, his biography is written in detail. Though temptation to do so has often arisen, Dr. Wilder carries no malice, possibly not treasuring sufficiently Carlyle's wise injunction, "It is well to think well of mankind, but ill to trust them much." While his service to Eclecticism has been long and exacting, his erudition and philosophical trend will ever stand conspicuous in the historian's record of deeds.

From early manhood, as has been said, Dr. Wilder has never failed to hold the most intense passion for knowledge, and this is particularly apparent in the fields of philosophy, archaeology, philology, common law, and whatever may tend to improve human life and conditions. Partizanship, which takes it for granted that one side is always right, the other always wrong, is distasteful to him now, as ever past. The passion of Dr. Wilder for knowledge is yet unbounded, though, like all true philosophers, he feels that he has little learning of which to boast, but rather, a most embarrassing amount of ignorance.—*Editorial Medical Gleaner*, May '05.

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#### PIONEER WOMEN PHYSICIANS.

In our editorial gleanings for March we reproduced lines from Dr. Turner's paper on the History of Women in Medicine, tending to show that Miss Adamson was the second woman in the world to graduate in medicine. We have no reason to

doubt, however, that the author intended to write United States rather than "the world." More than once have European universities similarly honored women. The statement that Dr. Adamson was the second woman to obtain a diploma undoubtedly originated from published accounts abstracted from Futhy's History of Chester County, Pa., which, under the subject Sarah Read Adamson (a transcript of which is in our possession), reads as follows: "Dr. Adamson has the honor of being the second woman in this country who received a full medical education and the degree of Doctor of Medicine, Elizabeth Blackwell being the first." We are at a loss to know why the term *full* is used, but presume it to show that she read medicine thoroughly and attended at least two full sessions in college before her graduation, which occurred at Rochester (not Syracuse) in 1851. The New York Eclectic Medical and Surgical Journal, Vols. I. and II., of that time, lists the following group of women as matriculants at the first session of the Central Medical College, at Syracuse, N. Y., which began November 1, 1849: Mrs. Lydia N. Fowler, New York; Mrs. R. B. Gleason, Glen Haven, N. Y.; Miss Fidelia F. Warren, York, N. Y.; Miss A. L. Fish, Syracuse; Miss S. R. Adamson, Philadelphia. Before the end of the session, Mrs. L. M. Heath, Miss R. E. Davis and Miss M. W. Taylor joined the group. Dr. Wilder (History of Medicine) names also Miss Charlotte Montgomery. The only graduate mention of this session, in the journal referred to, is Mrs. Fowler, who obtained that distinction in 1850. The college was soon transferred to Rochester, and there, the record shows, Miss Adamson attended another session and graduated in 1851. Here she met Dr. L. C. Dolley, one of the faculty of the Central College at Rochester, whom she married.

It is the impression of Dr. Wilder that Mrs. Rebecca Gleason graduated with Mrs. Fowler, in the class of 1849-1850, and this would seem probable, for at the opening of the Rochester College in 1850, both, according to Dr. Davis, were members of the first faculty, the former as alternate lecturer and co-instructress; the latter as principal of the female department (Professor of Obstetrics, Wilder). Dr. Wilder, who was at one time in the Syracuse Faculty, also carries the impression that a third woman, whose name he thinks was Potter, graduated at first session of the Syracuse College. *Dr. Feller in Med. Gleaner.*

**ABORTIONISTS AND THE LAW.**

The recent trial of a medical practitioner in Sydney on a charge of causing the death of a young woman as a result of procuring an abortion, has resulted in the failure of the jury to agree to a verdict. The same issue has occurred on several previous occasions, when accused persons have been placed on trial for a similar offense, and it would seem as if juries were unable to decide upon the guilt or otherwise of persons accused of this crime. The repeated failure to secure a verdict either favorable or unfavorable to the accused appears to point to some defect in the present mode of legal procedure, and it becomes a question whether some alteration is not required in the interests of accused persons as well as in those of the general public.

In the opinion of some men it is a matter of convenience, if not of necessity, that some means should be available whereby single young women who have become pregnant may be relieved of their burden. But these men appear to entirely overlook the fact that such a procedure is nothing more or less than murder, and that the procuring of abortion can only be justified when the continuance of the pregnancy is a source of danger to the life of the woman, and then only after careful examination and consultation. As the law now stands the use of any means to procure abortion on a woman, whether pregnant or not, is a criminal offense punishable with a heavy penalty; but the difficulty is to get sufficient corroborated evidence to place before a jury to secure the conviction of an abortionist. The administration of drugs or the performance of an operation for procuring an abortion usually takes place in the presence of the pregnant woman and the abortionist only, and the woman who submits herself to the proceeding is an accomplice in the eyes of the law; but no person could be convicted solely on the uncorroborated evidence of an accomplice. Dying depositions taken in due form, in which the dying woman definitely implicates a certain individual as the performer of the criminal operation, are almost invariably ruled out of court and not admitted as evidence at the trial; the jury are thus obliged to consider only circumstantial evidence, and hence the frequent failure to secure a verdict.

In the report of the Royal Commission on the Declining Birth Rate the question of the large amount of abortion-mongering prevalent in Sydney was carefully considered, and some sug-



gestions were made with a view to putting a stop to this practice; but judging from the number of deaths resulting apparently from criminally induced abortion, reported to the Coroner, it would appear that the practice is as prevalent as ever. One can not but view with the deepest regret the deaths of so large a number of young women occurring as a result of septicæmia after induced miscarriage, since in the large majority of cases these unfortunate events are the result of gross carelessness and inattention. It is well known that abortion may be artificially induced with perfect safety, provided every care is taken to ensure asepsis, and if deaths from this cause occur repeatedly in the practice of one individual, it can only be the result of gross negligence or carelessness. If the present state of the law, or the present order of legal procedure, fails to bring an offender to justice, and prevent this needless waste of human life, then it is clear that an amendment in some direction is urgently needed in the interests of the whole community.—*Editorial in The Australasian Medical Gazette.*

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#### CELANDINE.

In the study of *Materia Medica* and Therapeutics, we have no more interesting class of remedies than the vegetable indigenous remedies of our own country, or those that have been acclimated and are now cultivated here. These remedies for seventy-five years, have been faithfully studied by the Eclectic physicians of America with reference to their specific action upon exact conditions of disease. The general profession is now awakening to the value of this class of remedies, and is studying them with great interest and profit.

*Chelidonium Majus*, or the Garden Celandine, is one of these remedies which has an exact place in therapeutics—a place not filled by any other remedy. It influences the entire glandular system of the gastro intestinal tract, and is indicated where there is fully developed abdominal plethora with insufficient functional glandular activity, where the circulation of these organs is imperfect, and especially if there is dropsy present accompanied with jaundice.

It directly influences the liver, spleen and pancreatic glands, as well as the mucous glands of the stomach and intestinal tract. It seems to act directly upon the organs supplied by the solar plexus of the great sympathetic, where there is an imperfect or

retarded action of the liver. It causes this organ to secrete thinner and more profuse bile. It prevents the formation and assists in the expulsion of gall stones. It is valuable in simple biliousness, in general hepatic congestion, in acute or subacute inflammation of the liver. In those cases in which there is general inactivity, with normal or subnormal temperature and cold skin, it may be given in conjunction with belladonna. Where there is a slight elevation of temperature, with chilliness, and tenderness over the region of the liver, aconite or bryonia should be added. Bryonia is especially demanded if there is quick, sharp, shooting pain in the liver or spleen, with the tenderness. It relieves splenic congestion, reduces enlargement, whether it be acute or chronic, and materially improves the general condition of the patient. It acts directly upon the pancreatic glands, stimulating their functional activity, and overcoming congestion of these organs.

It relieves engorgement by giving an improved circulation, and in conjunction with cactus or lycopus, or in dropsical cases, with apocynum, the nutrition of the heart is greatly improved.

In another group of phenomena the remedy is indicated. This is where there is defective portal circulation with slow pulse, irregular action of the heart with palpitation, dull aching pain in the muscles of the limbs, with cold extremities and a feeling of weight, stiffness or swelling in the extremities. There is supraorbital pain, or dull, persistent headache, with vertigo, nausea, weariness, general inactivity or malaise. The tongue is thick, broad, pallid and pale, or covered with a white or yellowish white coat. The membranes of the tongue are pale, the skin dull, full, sallow and occasionally of a yellowish green tinge. The bowels are inclined to constipation, and the feces are clay-colored and float upon water. The urine is scanty and high-colored, with occasionally a deposit of the triple phosphates or amorphous urates. There is often a dull, full persistent pain in the right hypochondrium, with sharp pain extending through to the right shoulder blade. There is a dull dragging sensation in the small of the back, accompanying deficient kidney action, and there may be urinary irritation. With many patients, there is a general feeling of despondency and anxious foreboding or melancholy. The remedy acts in harmony with other agents of this class, and is easily eliminated. It has a much wider, more immediate and more satisfactory action than mercury in any of its forms.

It acts synergistically with podophyllum, leptandra, sodium phosphate, chionanthus, iris versicolor and lycopus.—*Finly Ellingwood, in Los Angeles Journal.*

**CEREBRO-SPINAL MENINGITIS.**

N. B. Foster M. D., has an article upon this subject in the *American Journal of Medical Sciences*, June, 1905. His observations are based upon thirty cases occurring in the recent epidemic in New York City. We glean the following from the article.

Under etiology, it is taken for granted that it has been amply proven and well established that the primary cause is the diplococcus of Weichselbaum. Among the remote causes, he assigns unhygienic conditions, noted epidemics having occurred in prisons and barracks where crowding is a feature. The slums of larger cities approach to these conditions. The air, character of food and general hygiene being much below that of a modern prison. Many observers feel that the disease is communicable; yet it has not been possible to gather sufficient evidence to justify that attitude on the part of boards of health.

The mode of onset presents great diversity. The usual history is that while the patient is in apparent health, he is suddenly seized by a splitting headache, developing into a delirium in a few hours, which rapidly increases in intensity, until the sick one keeps up a continuous talking, crying and screaming. Convulsions are often the ushering in symptoms in adults, but are not so common in children. Symptoms referable to the gastrointestinal tract are common in children, such as vomiting, followed by convulsions. Later the patient lies upon the side with the head retracted. The sharp cries and screaming which evidence the acute pains of tubercular meningitis are rare in the epidemic form of the disease. A stuporous condition may prevail from the first, gradually growing more profound.

The salient symptoms enumerated by the author are constant pain, limited to the head, neck, back and extremities. The headache is severe, usually in the occipital region and extending to the neck. Retraction of the head, any effort to overcome which, is resisted by the patient. The headache, opisthotonos and spinal hyperæsthesia bear apparently some relation to the amount of cerebro-spinal fluid, for when pronounced, lumbar puncture showed an increased pressure in the subarachnoid space, which when reduced by a withdrawal of the fluid, ameliorated all these symptoms.

In children vomiting occurred early and was present in most cases. Retraction of the head in all and in severe cases opisthotonos was marked. The height of the fever bore no relation to the severity of the other symptoms. The most severe cases may run their course with a low fever, or even a subnormal temperature. The pulse was also relatively slow and in this respect bore some resemblance to the pulse rate of typhoid fever.

Purpuric eruptions was witnessed in six cases. Appearing first was a petechia, in severe cases on the back and buttocks. Usually seen upon the chest, abdomen and back, less frequently upon the extremities. Herpes was present in five; appearing upon the lips, cheeks and even the ears.

Examination of the blood revealed an increase of leucocytes; the average count being 18000, in children 30000. It forms no basis for prognosis however. The effect upon the hæmoglobin and erythrocytes is a complete enæmia of a chlorotic type.

Lumbar puncture was performed in all cases and the fluid examined. The conclusion was, that no prognostic data is to be deduced from the character of the fluid. This varied considerably from a slight turbidity to a thick yellow pus. Nervous phenomena noted are strabismus, paralysis of the external and internal rectus; nystagmus and exophthalmus. The motor nerves of the eye being effected in 30 per cent. of the cases. Defects of vision and optic neuritis were also observed.

Complications named are; conjunctivitis, ophthalmia, iridochoroditis, pericarditis; the pericardial sac containing pus in two cases. Lobar pneumonia, œdema of the lungs and acute articular inflammations.

The author states the diagnosis is not difficult in adults, but in children other conditions simulate the picture of meningitis, the two mentioned are; acute gastro-enteritis and bronchopneumonia. He claims that a positive decision can be made by lumbar puncture.

The mortality of epidemics have varied from 28 to 75 per cent. His own being 60.3 per cent. When coma develops early in the disease, recovery was rare. The same is true in protracted cases. where the fever subsides or becomes subnormal. The treatment consisted of rest in bed, with good hygienic conditions, proper diet, opium and lumbar puncture.

We wonder how the diagnosis was made before the advent

of lumbar puncture. We feel with as much certainty as is now made by it. Our own experience based upon a larger number of cases can be found in the Ohio Transactions for 1900, page 51. The epidemic through which we passed occurred in a well drained country community. Most of our cases was in the second decade of life. Vomiting, coma, opisthotonos, convulsions were prominent symptoms. Herpes and purpura were common. Fever was no guide either as to severity or prognosis. Lumbar puncture was in its infancy, yet there was no doubt as to diagnosis. We feel that there is a tendency to depend too much upon the laboratory for diagnosis and not upon clinical facts and observations. Chorea and deaf-mutism were complications and sequelæ.—W. N. M.

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#### DENTITION AS A CAUSE OF EPILEPSY.

In the course of an article bearing this title in the *Medical News* of December 10, 1904, Spratling gives us the following views which bear on treatment. He thinks it is always a mistake to regard the convulsions of dentition, or the convulsions due to any other cause in early life, in any other than a serious light. They are never positively benign—at least we have no right to regard them so. That infants who have convulsions escape serious consequences in the future is always a matter for congratulation; but the physician should never assume that this is the outcome to be expected. When disease tendencies are so strongly marked as these morbid manifestations so plainly indicate, the most constant care and treatment should be undertaken at once in every case with a view to preventing epilepsy, or idiocy, or insanity, or other states of degeneracy destined to destroy the mental life of the individual in question.

In conclusion, the author's views in the matter may be briefly summarized as follows:

1. Difficult dentition—i. e., the piercing of the gums by the tooth—may, in suitable subjects, constitute a sufficient irritant to cause convulsions.

3. By suitable subjects is meant infants who inherit a neuropathic tendency to disease; whose parents have epilepsy, or insanity, or who are alcoholic, or suffer from some other general vice that could be transmitted to the offspring in some form capable of vitiating its powers of resistance to disease.

4. The author does not believe that difficult dentition alone in a child who inherited no ancestral taints, and who at its birth is free from a tendency to nervous disease, can cause epilepsy.

## Eclectic Medical Journal.

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### TYPHOID FEVER.

The season for typhoid fever approaches; in fact, in this city it has already appeared, and it will be well for our patients if we keep in mind a few of the things that we ought not to try to do.

First.—Do not attempt to abort the fever. The system has been so infected during the one, two, or three weeks of the forming stage by the typhoid toxins that abortive measures will not only prove futile, but will depress the already enfeebled powers of resistance.

Second.—If the temperature goes above 104 degrees don't get frightened and go after it with the coal-tar antipyretics. The heart will need all its strength to carry the patient through the three, four or five weeks of fever, therefore do not depress it. Remember that a high temperature is better borne than a feeble heart.

Third.—Don't disturb the bowels. If inclined to constipation, use enemas, but don't give a cathartic; you will most likely have enough trouble with the bowels later on without stirring up trouble. Don't allow the patient to get up to stool but insist on the use of the bed-pan. Don't allow the patient any solid food till the temperature has reached the normal stage.

Be sure that the patient is kept clean, that he have a soda or acid sponge bath daily, and that the bed linen and night dress be changed sufficiently often to insure cleanliness.

The nourishment should be milk in some form; it may be sweet milk, buttermilk, malted milk, sherry whey or koumiss. Albumen water with a little dash of lemon will also be beneficial. Sterilized water may be given freely. Internally echinacea, baptisia, sodium sulphite, potassium chlorate with phos-

phate of hydrastine or the mineral acids will be indicated at some stage of the fever, at least some one or more of them will be called for. For the insomnia that is likely to attend, there is nothing more reliable than the old diaphoretic powder of the American Dispensatory.

Be careful, however, and do not give too much medicine, do not over-medicate, and unless absolutely necessary, do not stimulate with strychnia, digitalis, nitroglycerine and like remedies. Don't whip the poor tired heart, be kind to it and your patient will come through the long strain safely.

THOMAS.

### SUMMER FLUXES.

We are passing through the hot period of the year, the time when stomachs and bowels become exhausted and cranky. The usual custom of feeding will be followed in spite of the exhausted state of the organs of digestion. We eat the same foods and in equal amounts in summer as in winter and complain of "spring fever" without realizing what causes it. We quakingly shed our heavy clothing as warm weather approaches, but fail to shed our heavy diet. In this we go right along regardless of changing conditions with the result that cholera morbus, diarrhœa, cholera infantum, etc., come on apace. Do we ask what one shall eat? Nature provides the answer and one's stomach will teach him how much and how often to eat, if he will permit it.

Children die in summer time because of a faulty diet. Infants often die from want of water. A child is like a plant or vegetable; it requires moisture in order to live, and that means water and not milk. The average individual seems to think that some form of milk shall be given a sick baby even when the stomach repels it. The infantile stomach rejects food (milk) and the bowels expel their contents to show they are irritated about something, but the mother pities the poor baby and gives it more irritation (milk). And thus it is, so soon as the stomach and bowels get rid of one batch of irritation, another is sent on with a regularity that means death many times. It sometimes happens that an old "granny" comes along with her "barley water" and to the everlasting shame of the doctor, cures the patient. Now it is not the barley water that acts as a positive curative agent at all. It is but a negative substitute which takes the place of milk or other substances which, decomposing, become irritants to the digestive tract, thus continuing the disease. Barley water gives the digestive organs

a chance to right themselves, to recuperate and get ready to do their work as before. Barley water or any other substitute of like nature, would save many cases of summer diarrhea in children (and adults for that matter) if they were used as a substitute for all foods for a time.

I do not mean that this treatment shall be continued indefinitely for it should not, but it ought to be continued long enough to give the patient a chance. A little of the right kind of medicine to go along with the barley water will hasten recovery. Plain water will do the same, but it looks as if one was doing nothing. Babies need water as plants and vegetables need water. Not only a few drops from a spoon, but lots of it. It will sustain life long and well, much longer than we are led to suppose. Then it gives rest to the nervous child. It is well to use it inside and out. One will be surprised at the change that takes place in the little patient when water is substituted for milk for a time. Let me tell you of a case in illustration.

A child seven months old, bottle-fed, had for two weeks been vomiting and its bowels were discharging constantly every few minutes. The abdomen was tympanitic and tender on pressure. When I was called to see the child it was crying and had been for hours. The vomiting and diarrhea were most distressing. It was hurrying rapidly towards collapse. Its diet was some modification of cow's milk which was given it every few hours. I asked the mother if her baby drank water and was told that the baby did not like water. I then asked to have some one bring a glass of water as I wished to see for myself if it would not like a drink. When the glass was placed to the child's lips it resented the action until it got a taste of the water, when it ceased crying and began to blink and drink. It couldn't get enough nor take it fast enough to suit its wants. The mother was told that if she wanted her baby to live she must stop feeding for a little while and give the child all the water it wanted. She promised to follow instructions. A few drops of specific matricaria and dioscorea, together with few drops of specific matricaria and dioscorea, together with of water, to be given, a teaspoonful every hour when the child was awake. I called the following day and found the baby quietly sleeping. Vomiting had ceased soon after the stomach had emptied itself of the offending milk and no more was given. The bowels had moved less and less frequently from hour to hour as they were able to throw off that which caused



them to move until now they had no occasion to move. The child had ceased crying because it had nothing to cry for and the water satisfied its hunger and thirst. It slept. The same treatment was continued for another twenty-four hours, when on my return I found the mother sitting on the porch with the baby playing on her knee. A little milk was now permitted, largely diluted with water and instructions to stop the milk if the baby showed any symptoms of returning trouble. That mother has never had occasion to consult me again about her baby as she learned the lesson well and thereafter acted as her own adviser in matters of like nature.

As an aid to this treatment, throw away flannels and keep the baby cool no matter if the nurse does say it must have a flannel pad over its belly to keep its stomach warm though the temperature is 100 degrees in the shade. STEPHENS.

### ERGOT.

Ergot is made from the sclerotium of *claviceps purpurea*. Nat. Ord. Fungi. It is the spawn or mycelium of the fungus. Common names, spurred rye, smut rye, ergot of rye.

Many theories have been advanced and much time has been expended in endeavoring to ascertain the active principle of this drug, and which study has resulted in the development of a number of so-called constituents, some claimed to be the active principle. Among these are ergotine, ecbolene, ergotic acid, cornutin, etc. It is doubtful if any one of these contains the full remedial action of ergot. They probably are of more interest to the chemist or analytical pharmacist than to the physician.

The action of ergot is exerted principally upon the vascular and nervous system. It primarily causes a fall of arterial pressure, which is due to its depressant effect upon the heart muscle. If the dose be very large, this fall of the arterial pressure is never recovered from, and a progressive paralysis of the vasomotor apparatus and heart occurs. Its secondary effect is a rise of arterial pressure, due to a stimulation of the vaso-motor center, and this is the effect of medicinal doses of the drug. It is a stimulant to unstriated muscular fibres, and a portion of its remedial virtues are due to this fact.

The symptoms of acute poisoning are given as: hunger, nausea, restlessness, vomiting, vertigo, delirium, coldness of the surface of the body, drowsiness, convulsions. Chronic ergotism, which arises from a prolonged use of bread made from

ergotized rye, is manifested by muscular pains and contractions, delirium, coma and convulsions. Another form is manifested by the development of gangrene.

The therapeutical properties of ergot depend upon its action upon the vascular, nervous and muscular systems. Possibly its most frequent use is in uterine inertia during labor and for post-partum hemorrhage arising from inertia. For the first condition we use it much less than in past years. The contractions produced by it are tonic in character, unyielding and tetanic: hence, it never should be given when there exists any impediment to a safe and speedy delivery. It is by reason of these tetanic contractions we use it less. Our attention was forcibly and unpleasantly called to this action when called to assist in a case of confinement where version was necessary, and ergot had been given in abundance for supposed inertia. The contractions were so strong, it was nearly an impossibility to insert the hand to turn. The slightest touch to the uterus produced the strongest contractions. A few experiences of this kind have taught us the wisdom of a care in its administration. A proper and timely use of the agent evinces its therapeutical virtues.

It is of no less value in post-partum hemorrhage. In past years, our custom was to administer a dose after the birth of the child in order to insure proper contractions and to guard against hemorrhage. Experiences such as has been related above have taught us that such a procedure is often unwise; we now wait until the delivery of the placenta, and even then withhold it, if uterine contractions are good and firm. If urgency demands or a tendency to hemorrhage exists; or the uterus seems relaxed and flabby, with no contractions, we do not hesitate to use it, even though the afterbirth be not expelled.

It proves very valuable in hemorrhage preceding or following miscarriage. Its oxytocic properties we have but little confidence in, unless the trouble has already started from some other cause.

Other forms of hemorrhage in which we have used it are menorrhagia, metrorrhagia from any cause, epistaxis, hematuria and hemoptysis, although Hare doubts its efficiency in this form of hemorrhage, from the fact that the vaso-motor system, practically does not exist in the pulmonary vessels.

We have frequently employed ergot in pulmonary and other forms of congestion, especially in pulmonary. We have fancied its action to be superior to belladonna in this case.

In cerebral apoplexy, it is as good an agent as we possess. Vertigo with hyperesthesia of the scalp and headache is relieved by it. It is employed by many in renal incontinence and diabetes insipidus. We have employed it successfully only in the first named condition.

Some years ago it was advocated and used extensively in uterine fibroids. Modern gynecology has succeeded so admirably that this use of ergot has practically fallen into disuse.

The specific uses and indications are: uterine inertia, hemorrhage from atony, subinvolution of the uterus, hyperemia. Ellingwood says: "Extreme fullness of the circulation of the brain, flushed face, headache, bright, sharp eyes, great restlessness."

We use Lloyd's ergot. Dose, 5 drops to a drachm.

MUNDY.

### FURUNCULOSIS.

The treatment suggested by improved pathogeny does not make itself apparent in every physician's practice. In other words, not every physician is up-to-date. This is well illustrated in the treatment of furunculosis. This is a common affection, its history extends back at least to the time of Job. A case may be limited to a single boil, but more commonly several exist at the same time, or successive single or multiple boils persist for an indefinite time. In the initial stage a painful induration of the corium soon becomes bright and projects above the surface in a round nodule very sensitive and tender. Sometimes a pustule containing a minute amount of pus appears at the apex almost at the beginning. Removal of this pus has no effect on the course of the disease. This primary pustule does not develop on the larger and severer forms. These soften from the center, and necrotic suppuration ensues, involving skin, glands and follicles, and surrounding connective tissue, when the necrosis has penetrated the overlying skin the boil is said to "break," and there is a discharge of pus. Eventually as the opening enlarges the necrosed tissue or so-called "core" escapes. Healing then takes place, the pain, swelling and redness rapidly subsiding. Permanent scars mark the site of large boils.

The old treatment consisted of poultices to relieve pain and promote suppuration. Incision was usually resorted to, thus anticipating spontaneous opening or "breaking" by one or two days. Most patients, however, rather than suffer from the pain of lancing preferred to wait the natural outcome, or to "let

it break itself." Boils may appear at almost any point on the surface of the body, but are most common on the neck, forearms, buttocks and legs. Certain constitutional conditions predispose, especially that of diabetes mellitus. Often, however, no connection can be traced to previous impairment of health, or to the environment. The true cause has been definitely established by bacteriological research to be the pus-producing germs, especially the staphylococcus aureus. This organism can penetrate the hair follicles, and from these as a starting-point, invade the neighboring tissue. A succession of boils is often caused by pollution of the adjoining surface by the pus discharging from a boil; such auto-infection being favored by a poultice which affords a good culture field, and macerates the skin to a condition readily penetrated. Substituting an antiseptic dressing for the poultice interrupts the succession.

A carbuncle, or malignant boil as it is often termed, is due to the same micro-organisms, when they secure deeper lodgment, and there is failure to limit their diffusion. Several foci of infection are established, causing necrosis of a large mass of tissue, with corresponding increase of pain, constitutional disturbance, and septic absorption. Each point of suppuration culminates in an open mouth on the surface. From these a limited discharge of pus exudes, but the condition is little relieved by natural processes.

Treatment in both varieties is based on the etiology, and is therefore antiseptic and germicidal. Small boils which are characterized by a pustule at the apex, can be readily aborted by injecting one or two drops of carbolic acid with a hypodermic syringe. Enter the needle point at the center of the pustule, and gently pass it along the channel to the base of the nodule. Then press the piston enough to deposit a little of the acid. This treatment causes very little pain, and a single injection suffices to arrest further progress toward suppuration. Large boils, with no primary pustule, are subjected to the same treatment. The needle is entered at apex, piercing the skin and carried to center of boil, and two to five drops injected. These are likely to require a second injection two days later. Poultices should not be applied for reasons already indicated. A saturated solution of boric acid on a pledget of gauze makes an appropriate dressing; may be applied hot if desired.

Similar treatment is indicated and remarkably effective for carbuncle; but by no means so satisfactory, as the infected area is not circumscribed, and consequently the germs are not so

readily reached and destroyed. Very decided benefits, however, follow early antiseptic treatment. Preference is given to 50 per cent. solution of echafolta, although permanganate of potash, in the strength of five to 10 grains per ounce distilled water, is valuable, and beta-naphthol grs. xx. to alcohol one oz., glycerine oz. ss., is still better. If either of these remedies are injected twice a day into each of the several openings, and the part kept constantly wet with saturated solution boric acid, the extensive incision usually recommended will seldom be required.

Internally, there is one remedy that deserves to be considered a specific in furunculosis. It is sodium chlorate ( $\text{NaClO}_3$ ). In your next case of recurring boils try Rx. sodium chlorate  $\text{3jss}$ . aqua distil. four ounces mx. Sig., teaspoonful every three hours. If the next boil isn't fully developed it will die a bornin, and have no successor.

Be sure your druggist doesn't substitute the common chloride ( $\text{Na Cl}$ ). The chlorate is not found in every drug store. It will be well to make a note of this, and in your next order placed with Lloyd Bros. include sodium chlorate, two ounces.

CHURCH.

### ANALGESICS, ETC.

The feeling among the laity, and even with many doctors, it would seem, is that the physician's chief mission is to relieve immediate suffering. This is very natural, and it depends upon the best there is in human nature; but is it correct? To give anodynes is not to practice medicine; it is to practice humanity. Any layman can do that. An anodyne, to be effective as such, rules out all causal treatment while its effect is on. The pre-occupation of the nervous system under an obtunding influence, precludes curative treatment at the time.

If, in a given case, we know that to employ an anodyne is to lessen the patient's chance of recovery, through loss of time and medication, is it not evident that we should refrain from giving the soother? I believe in the promotion of euthanasia, and in all cases in which a patient is doubtlessly doomed, I push pain-easers.

All the foregoing furnishes me an excuse for exploiting my ideal anodyne. Once or twice, at least, I published the formula in the *Gleaner*. It is this:

R—Morphine, grs. iij; diaphoretic powder,  $\text{3 iss}$ . M. Ft. chart. xij.

One of these powders represents a maximum dose for a vigorous adult. For some hidden reason (hidden to me at least),

the use of this mixture is not often followed by nausea, headache, etc. Those who can not take straight morphine, can almost without exception take this with impunity. I suppose it is the ipecac and camphor which work the change in effects.

The hypodermic syringe is so handy—so very too handy—that it is used too often. This is indisputable. The great objection to it inheres in the fact that it does *nothing* but relieve pain, and always leaves a train of bad after-effects. In many conditions, and especially in all painful inflammatory conditions, this mixture of mine is positively curative. This seems to constitute an exception to the rule that curative treatment is incompatible with the use of anodynes; but my experience has convinced me that the exception referred to is real. I have not used a hypodermic syringe in ten years.

COOPER.

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#### WILLIAM BYRD SCUDDER, M. D.

Doctors, who as students attended the classes of Eclectic Medical Institute in the early nineties will remember the bright and promising young teacher who taught them the principles of eye, ear, nose, and throat practice, and the mysteries of the chemical laboratory. They will also remember with what reluctance and sorrow they saw him relinquish his work among them to seek a clime more congenial for his frail constitution. Now, as the sorrowful tidings announce that he has passed from among us I know that every pupil who sat at his feet will bow sadly to the great cause which lays us low and will mingle his tears with the loved ones left to mourn him.

Wm. Byrd Scudder, son of John M. Scudder, gave promise of being as brilliant a teacher as was his distinguished and revered father. He was born in Avondale, now a suburb of Cincinnati, December 12, 1869, and was therefore but 35 years of age when he died at Redlands, California, April 19, 1905. Dr. Scudder was liberally educated in the Cincinnati public schools and the Cincinnati University. While attending the latter institution he paid especial attention to analytical chemistry which he studied under Professor Thomas H. Norton, now United States Consul at Beirut, Turkey. Following this preliminary work he attended a four years course in medicine in the Eclectic Medical Institute from which he graduated in June, 1890. During the following two years he attended the summer sessions in ophthalmology and otology in the New York Post-Graduate Medical School and Hospital, thoroughly fitting himself for the practice of his specialty. From 1891 to 1898 he conducted

the class work in the chemical laboratory and from 1892 to 1898 lectured on, and had charge of the clinics in ophthalmology, otology, rhinology, and laryngology in his alma mater. During this time he brought a new edition of Professor John M. Scudder's work "On the Use of Inhalation" to which he added a copious appendix. In 1895 he went abroad and studied his specialty in the Moorfield's Ophthalmic Hospital, London England, and in the Allgemeine Clinic of Vienna, Austria. Ill-health forced him to resign his chair in 1898, when he went to Denver, Colorado, hoping to fight off the great white plague. He recovered sufficiently to again enter upon the practice of his specialty, but the ravages of disease compelled him to again give up and travel. He lived the out-door life upon the plains and where he could sleep in open air and even with the snows of winter sitting upon his couch, but all of which helped to prolong his life. The struggle was an unequal one and death closed the scene in beautiful California. Dr. Scudder was married in 1893 to Miss Belle Peabody Ward of Chicago, who with two children, Felix and Juliette survive him.

Dr. Scudder possessed rare personal traits and signal professional ability. As a teacher few young men were ever more popular. Clear and direct in his manner of presenting his lessons he accomplished much in his short career as a medical professor. Those who listened to the lectures of Dr. John M. Scudder will remember the ease with which he presented the salient points of his discourse making it next to impossible for the student to fail to grasp his meaning. In this Professor Byrd Scudder, as he was familiarly known, closely resembled his father. Always cheery and cheerful he will be remembered kindly by all who knew him or had professional or personal relations with him.

FELTER.

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#### THE McMILLEN SANITARIUM.

It has been the privilege of the writer to call attention to several excellent sanitariums in different localities, throughout the country, wherein physicians of our school could place their patients, with the assurance of obtaining Eclectic treatment and clinical and other advantages offered in those various sections. These have all been of a general nature, and present in each instance advantages that accrue from geographical location, and clinical conditions. None have been specially devised for special lines of treatment, or instituted for one class of ailments. In this connection we desire to call atten-

tion to the McMillen Sanitarium, as being an institution devoted exclusively to a class of patients that are exceedingly trying to the physician who attends them, and almost, as a rule, unmanageable by their home attendants. We refer to those unfortunates who become addicted to the opium habit, or chloral or the morphine habit, as well as persons afflicted by mental disturbances, such as hallucinations and incipient aberrations of the mind, that, properly treated, are amenable to medication. Indeed, those persons so unfortunate as to be subject to the liquor habit, to the extent of frantic delirium tremens, and persons bordering on insanity, are to be classed with those to whom the McMillen Sanitarium appeals, and who can not, under any circumstances, hope to receive proper medication and management amid home surroundings.

Need we say more to our people, than that Dr. McMillen has had our admiration since his graduation, and that we have been conversant with the McMillen Sanitarium since its organization? Situated as it is in one of the suburbs of Columbus, it has been our privilege to often visit it, and to study the methods and results, as established by Dr. McMillen and his assistants. Nothing but praise can be extended, as concerns its success, and the good it is doing to both the profession, who need the assistance of such institution, and the unfortunates to whom such an institution is a God-send.

It is fortunate for the Eclectic school in medicine that a man who has made a study of mental disturbances, and has devoted a lifetime of thought and care, under exceptional opportunities in these directions, stands at the head of this well-established institution, which needs no commendation from any one, but of which it is a privilege for any one to speak to a friend in need.

The physician needing the help of a thoroughly prepared and well-managed institution, where kindly medication and kindly treatment prevail, can do no better than correspond with the McMillen Sanitarium, addressing Dr. Bishop McMillen, Superintendent, Shepard, O.

LLOYD.

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#### STATE MEDICAL ASSOCIATIONS.

The writer has visited quite a number of the State Medical Associations, and has found a better attendance, better papers and discussions, than in any year heretofore. The State meetings which I would commend most highly for their work this year are the Indiana, Ohio and Pennsylvania meetings. In



fact, it would be quite difficult to say which one of the three annual gatherings was most profitable and the better attended. We note that there has been a marked tendency in the State Associations towards ridding themselves of advertising and objectionable membership. The Indiana State Association preferred charges against one of its members for unprofessional conduct, and the impugning of wrong motives to different prominent members of the Association. The member was brought before the State society, the charges referred to a committee on grievances, and then the member, "Wright," or "wrong," was summarily expelled. In Pennsylvania the same feeling has been manifest in the State meeting against bombastic advertising by any member of the Association; and the younger men have taken hold of the position, and have made it so unpleasant for objectionable members, that they have either withdrawn or been expelled from the society. Pennsylvania held a two days' session at Harrisburg this year, which was well attended.

RUSSELL.

#### WISDOM AND GOODNESS.

The older one is, the wiser and better he is. I can prove this by any old person. Besides, don't I know it of my own knowledge, being a septuagenarian myself?

Now there is a godless young doctor (wholly godless—comparatively young) who has the hardihood to differ from me in this matter. He maintains that, sufficient unto his age is the wisdom of each. Whether this is true or not, I must admit that.

Every person living is just as good as he, or she, can or could be at any given moment.—*Cooper's Immortality*, p. 10.

The last time this godless young doctor was in my office, we had a little brush on the subject. In an interval of mutual subsidence, he picked up a scrap of paper and scribbled upon it the following, which he showed to me with a triumphant leer as he got up to leave:

"King David and King Solomon  
Led merry, merry lives,  
With their many, many concubines,  
And many, many wives;  
But when old age crept o'er them  
With its many, many qualms,  
King Solomon wrote the proverbs,  
And King David wrote the psalms.

COOPER.

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# SODIUM SALICYLATE

## True, from Natural Wintergreen Oil.

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**I**N perfecting their products from Natural Wintergreen Oil and in demonstrating their therapeutic value, the Merrell Company have won the confidence of the medical profession, and established the fact that **Natural Salicylates** should alone be employed for internal administration; and when **Sodium Salicylate, true**, is specified, it is clearly the desire of the physician that the Merrell product should be used. The only recommendation of other brands is that "they are cheaper in price," and it is such substitution which often convinces the physician that it is necessary for him to dispense his own medicines.

In addition to the powdered and crystalline forms, **Sodium Salicylate, true**, is offered in 2½ and 5 grain compressed tablets.

**No Increase in Price.** These tablets are put up in 1 oz., ¼ lb., ½ lb. and 1 lb. bottles, and are sold at the same price as the powder.

The Merrell Company were the first, and are now the only, manufacturers in the United States of these **Natural Educts** from **Wintergreen**, and their product should always be used if undesirable complications are to be avoided.

Our 72 page booklet upon this subject is sent free upon application,

## RHEUMATISM.

In the treatment of **Rheumatism**, elimination and **Salicylic Acid** rarely fail to give the very best result. Keep the bowels open and the kidneys active by means of salines and the ingestion of large quantities of pure water (this also favors diaphoresis), and **Ferro Salicylata** (Merrell) will do the rest.

**Ferro Salicylata** contains in each fluid dram five grains of **Salicylic Acid** and five minims of the tincture **Citro-Chloride of Iron**. As the **True Acid** from **Natural Wintergreen Oil** is used, the preparation is devoid of those depressing effects which often attend the administration of the synthetic product, and it may therefore be given in as large and as frequently repeated doses as are indicated to control the symptoms and cure the patient.

As a tonic after **Grip**, **Ferro Salicylata** will do more toward restoring the strength of the patient than all other remedies combined; and for the depressed condition which so often attends convalescence after **Grip**, **Ferro Salicylata** is almost a specific.

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**NORMAL TINCTURES** are carried in stock by all Wholesale Druggists and dealers in Physicians' Supplies, and may be obtained from Druggists everywhere.

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## BOOK NOTICES.

**Materia Medica, Therapeutics, and Pharmacognosy**, with reference to the most Direct Action of Drugs. By FINLEY ELLINGWOOD, M. D., Chicago. With a Condensed Consideration of Pharmacy and Pharmacognosy, by Prof. John Uri Lloyd, Cincinnati, O. Fifth edition, thoroughly revised and greatly enlarged. Published by the Chicago Medical Times Publishing Co. Price, cloth, \$5.00; sheep, \$6.00. The Scudder Brothers Co., agents.

In this work the subject matter is well digested, and presented in a very readable manner. The material considered can not be circumscribed, as the day has passed when a decidedly distinctive line of drugs, peculiar to any one school of medicine, can be embodied in a volume on materia medica, and have the book possess any special value. A careful review of the volume shows that credit is given the different schools for their investigations along this line, and also that the list of remedies is quite complete.

In many instances the physiological as well as chemical incompatibles are given. The medicinal and physiological action of drugs is given under separate headings, so one can readily compare the drug action of different sized doses. The indications for the use of remedies are quite full and up to date, following, of course more especially along the line of general medicine, although a summary of their use in special lines is given. It is not to be expected that the minutiae in special branches would be attempted in a volume intended for the general practitioner and student.

The omission of remedies of questionable value is to be commended, as they are simply confusing to the practitioner and student, and until their importance is fully established it is best to ignore them in a work recognized as an authority on materia medica and therapeutics. Only time will determine the efficacy of many much-vaunted therapeutic agents of the day. This has been the history of drugs in the past, and it will be repeated in the future.

Although throughout the work there is a preponderance of Eclectic teaching, there is an unqualified amount of instruction along the lines of teaching of the other schools, thus making the book valuable and available for use by any practitioner of medicine.

The method of classification of remedies is open to criticism, as sometimes a person in looking for the action of a drug may overlook some point through the prominence given to its influence on certain organs. The division into stimulants, tonics, etc., while not carried to the extremes often found, and while recognized as correct through custom, is unfortunate. The employment of the old nosological nomenclature should be retired, as it has a tendency to continue the erroneous idea of a specific drug for an entity—in other words, a disease. This fallacy concerning the entity of disease, and also drug action, is hallowed by the heavy mists of antiquity, and the sooner the entity idea is abandoned the better for the profession at large, and directly also for the laity. It is true that classification is an aid in the study of medicine, but the fact is too often overlooked that we are promulgating the idea of an entity all the time. It seems as though drugs should be employed strictly for their influence, so far as known, on certain morbid conditions of the tissue affected; the character of this departure from the normal determining the agent or agents to be employed. To class a drug as a tonic conveys a false impression to the student as well as the laity. What is a tonic? In many instances a good dose of magnesium sulphate acts as a tonic, so-called, through its influence in cleansing the intestinal tract; yet I believe the writers on *materia medica* and therapeutics would hesitate to place this drug under the heading of a tonic. Again, this same drug may have the influence of a so-called sedative, stimulant, antiseptic, etc., practically throughout the nomenclature of drug groups.

The reviewer believes it will make the study of medicine easier when the divisions now employed are abandoned, as too often a drug is prescribed for a name, the disease name, and not for the pathological lesion.

The volume is deserving of a prominent place, and handy for reference in a physician's library. The earnestness and personality of the author are plainly discernible throughout the book, and the addition of a little more than one hundred pages over the previous editions, makes it an up-to-date work.

K. O. FOLTZ, M. D.

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**Studies in the Psychology of Sex—Sexual Selection in Man.**

I. Touch. II. Smell. III. Hearing. IV. Vision. By HAVELOCK ELLIS. 270 pages, cloth, \$2.00 net. Sold only by subscription to physicians, lawyers, and scientists. F. A. Davis Co., publishers, Philadelphia.

In this number of the series the part played by the special senses is considered. A careful analysis of each sense as a factor in sexual attraction is made, so far as data are obtainable. The subject, however, is one that so far must be classed as almost purely theoretical, little attention having been paid to the subject except-

# LIBRADOL

(TRADE-MARK)

An external remedy for quick relief of pain.

**USES.**—In colds, croup, broncho-pulmonic troubles in general; in acute inflammations of the lung or soreness depending upon congestion; in superficial or deep-seated pains of a rheumatic, chronic, or acute form; in sore muscles and joints.

We take pleasure in introducing this effective remedy for the cure and relief of all affections in which it is commended. Although new to most physicians, it has been employed by others for over a year, its benefit being sometimes so prompt as to appear marvelous.

The composition as given with each package will inform eclectic physicians concerning its field of action, and also indicate why LIBRADOL possesses such intrinsic merits.

LIBRADOL is clean, free from excessive fat, and can be washed from the skin by means of clear water. It is prompt in action and may be used either alone or in connection with any internal medication.

A characteristic and comprehensive report is as follows:

"I used LIBRADOL recently in three cases with most gratifying results.

FIRST.—Asthmatic condition caused by cold.

SECOND.—Acute articular rheumatism.

THIRD—Pain in abdomen."

—DR. B. B. MORROW.

A number of severe cases of inflammation, of cold in the chest, of acute inflammation of the lungs, soreness depending on congestion, etc., have been promptly relieved as per reports on file.

LIBRADOL is to be spread on greased paper, muslin, or waxed paper, and applied to the painful part. Full directions accompany each package.

PRICE.—1 lb. jar, \$1.50; ½ lb., 80 cents; ¼ lb. 45 cents.

**LLOYD BROTHERS, CINCINNATI, O.**

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(LLOYD BROTHERS' SOFT CERATES AND UNGUENTS.)



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[Reduced Illustration.]

With the object of giving physicians the best service possible both as concerns excellence and convenience, we have *at no increase of price*, arranged to supply two of our soft cerates and unguents (Echafolta Cream and Howe's Juniper Pomade) in *Collapsible Tubes*.

*Echafolta Cream* will hereafter be furnished in this very convenient form instead of the old style jars and cans.

The advantages of *Collapsible Tubes* are apparent. Always clean, convenient, for either the office or pocket, readily manipulated, air tight, they permit every grain of the contents to be used. There is no waste, no greasy dirt, no loss of volatile constituent. *They can be cheaply sent by mail.* At present we offer at the following prices :

**ECHA FOLTA CREAM :**

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ing in a desultory manner. The author deals with the subject in his usual calm manner, not allowing vague ideas to dominate his judgment. Personal bias is also lacking.

Every physician has experiences with cases that are out of the ordinary, and that can not be explained by the usual methods. If such were carefully studied from the psychologic standpoint, better results would be obtained as a rule. It is, however, not always an attractive study from the esthetic point of view, but is essentially important from the economic side.

This volume, together with the preceding ones, comprises the most exhaustive treatise on the psychology of sex from an unbiased and also rational view, that has been published in English, if not in any language.

K. O. F.

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**Eye, Ear, Nose and Throat Nursing.** By A. E. DAVIS, M. D. and B. Douglass, M. D. 32 illustrations. 12mo, cloth, \$1.25 net. F. A. Davis Co., publishers, Philadelphia.

The lack of a proper understanding of the essentials necessary in nursing eye, ear, nose or throat cases, either in disease or following operations, is often disastrous. In many instances unfavorable results follow what should be successful treatment, through ignorance of the attendant or physician. Even the specialist is often deficient in his ideas of the after treatment required in his work. In this volume the authors have endeavored to supply this deficiency, and have succeeded remarkably well.

The descriptions of the preparation of the patient, dressings, etc., are all that any reasonable person could ask. The various methods are clearly described, and the necessity for absolute cleanliness fully insisted upon. It is a work that should find a convenient place for reference in the library of every physician engaged in general practice, when the need of such directions is of the utmost importance. The general make-up of the book is all that could be desired.

K. O. F.

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**The Eye, Mind, Energy, and Matter.** By C. PRENTICE, M. D. Published by the author, Auditorium Hotel, Chicago.

The author states in a note that the first half of the book is written for the general reader, the balance being of a professional character. He has embraced in this work his ideas regarding the influence of eye-strain—and the term is employed in its fullest meaning—on the general system and various morbid conditions. The reviewer has had considerable experience along this line of work, and in some instances can verify the conclusions; but to claim that drunkenness can be cured by "repression" glasses, requires considerable credulity.

The author has certainly made an exhaustive study of the nervous centers governing the eyes, and there is no question that overwork of these centers will eventually produce a subnormal state of the muscular and nervous systems, but there is a tendency always present in the specialist to magnify the importance of his line of work.

The work is interesting, and throughout plainly shows the sin-



cerity of the writer. While not indorsing all of his views and conclusions, I can recommend the work to those doing eye work especially as of value.

K. O. F.

**The Urine and Feces in Diagnosis.** By Hensel, Weil, and Jelliffe. 116 engravings and 10 colored plates. Lea Brothers & Co., Philadelphia. Price, \$2.75.

The authors have gone carefully and thoroughly into urinalysis, quantitatively and qualitatively, giving the normal constituents, how to find them and how to recognize them when found by chemical and microscopical procedures. The comparisons of normal and abnormal make it a good guide. The engravings are good.

The examination of feces is, I believe, too much neglected by the physician, and the chapters devoted to these examinations are very good. The book is a concise and good guide to the doctor, and thoroughly covers the ground embraced in the subject. J. L. P.

**The A. B. C. Manual of Materia Medica and Therapeutics.** By G. H. CLARK, M. D. 301 pages, cloth, \$1.25. Boericke & Tafel, publishers, Philadelphia.

In this edition a clinical index has been added. The author has omitted all padding in this volume, and there is simply a concise statement of the drugs, indications and use. The book is exactly what is claimed for it, an A. B. C. manual. The list of drugs is comprehensive, and includes practically all those in general use. Its brevity is to be commended, the dosage is explicit, and taking everything into consideration, it is a handy work to have conveniently near.

K. O. F.

**Saunders' Pocket Medical Formulary.** By W. M. POWELL, M. D. Seventh edition, revised. Flexible morocco, with side index, wallet and flap. W. B. Saunders & Co., publishers, Philadelphia. Price \$1.75 net.

To physicians who have need of a collection of approved prescriptions (1830 formulas) we know of no work that excells this one. Besides these formulas it contains an invaluable collection of useful matter in the Appendix, comprising posological table, formulas and doses for hypodermic medication, poisons and their antidotes, diameters of the female pelvis and the fetal head, obstetrical table, diet list, materials and drugs used in antiseptic surgery, treatment of asphyxia from drowning, surgical remembrancer, tables of incompatibles, eruptive fevers, etc. This latter feature is worth the price of the work to any doctor, regardless of medical creed.

H. W. F.

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**Essentials of Anatomy.** By C. B. NANCREDÉ, M. D. Seventh edition, thoroughly revised. 12mo volume, 419 pages, illustrated. W. B. Saunders & Co., Philadelphia. Cloth, \$1.00.

The great popularity of this work is shown by the demand for it—this being the seventh revised edition. The essentials are truly given, and the work kept up to date by frequent revisions. In this issue the chapter on the nervous system has been completely rewritten. Outside the larger works on anatomy, which no compend can replace, the student will find Nancrede to meet his most urgent needs.

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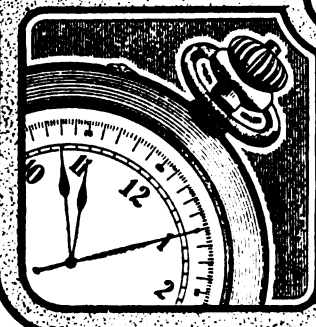
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## COLLEGE AND SOCIETY NOTICES.

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The eighth quarterly meeting of the North-eastern Ohio Eclectic Medical Society will be held at the Hollenden Hotel, Cleveland, Thursday, July 8th. A very interesting program has been arranged. Dr. E. E. Bechtel, Lodi, O., Corresponding Secretary.

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The forty-first annual session of the Indiana Eclectic Medical Association was held at the Claypool Hotel, Indianapolis, May 23 and 24. The officers of the Society are to be congratulated upon the excellent work done at this meeting. A fair-sized number of physicians was in attendance, but not what Indiana should produce, when it is considered that there are over 700 Eclectic physicians in the State.

Among the several good papers read and discussed, we might mention those on State Boards of Medical Registration, by Dr. Canfield; Diphtheria, by Dr. Laycock; Intestinal Antiseptics, by Dr. A. P. Hauss; Pneumonia, by Dr. M. F. Baldwin; Study of Drug Action, by Dr. Wm. P. Best; Eclectic Materia Medica, by Dr. O. B. Nesbitt.

An interesting social session was held on Tuesday evening, consisting of a mixed musical program, and an address by Dr. Henry Long, who is the only surviving charter member of the Society; also an address by Dr. L. E. Russell, and a very able president's address by Dr. Q. R. Hauss. This was followed by a reception and lunch tendered to the visiting members.

The second day was taken up entirely by routine business and reading of papers and discussions.

The following is a list of the officers chosen for 1905-6: President, M. Harrod, Fort Wayne; 1st Vice President, Z. T. Hawkins, Swayzee; 2d Vice President, D. Ella Brown, Terre Haute; Recording Secretary, O. B. Nesbitt, Valparaiso; Corresponding Secretary, E. B. Shewnan, Waymansville; Treasurer, A. E. Teague, Indianapolis. The next annual meeting will be held at French Lick, in May, 1906.

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The twenty-ninth annual meeting of the Michigan State Eclectic Medical and Surgical Society has passed into history. The meeting was not as largely attended as it should have been, but from point of interest it was one of the best the Society has ever held. The meeting was presided over by that whole-souled Eclectic, Dr. W. H. Snyder, of Hastings, and so well did he please us all, that he was unanimously elected to fill the chair another term. The papers presented were of unusual interest and called forth good discussions.

What we most need in Michigan is more Eclectics, especially young men to take the places made vacant by death and removals from the State, and we will gladly correspond with any wishing information.

The officers elected for the coming year are—President, Dr. W. H. Snyder, Hastings; 1st Vice President, Dr. J. E. G. Waddington, Detroit; 2d Vice President, Dr. C. S. Sackett, Charlotte; 3d Vice President, Dr. E. T. Morris, Nashville; Secretary, Dr. F. B. Crowell, Lawrence; Treasurer, Dr. H. P. Evarts, Grand Rapids. Censors, Drs. H. P. Evarts, Z. L. Baldwin, Wm. Bell, G. W. Nafe, E. T. Morris, and P. B. Wright.

Our next meeting will be held in Detroit at the usual time in May and we expect as a part of the program, clinical work at one of the hospitals in the city.

F. B. CROWELL, Secretary.

**WEST SIDE PHYSICIANS' BUSINESS CLUB.**—Under the above title the physicians of the western part of the city of Dayton, O., have organized a club to protect the business interests of the profession, and to establish a uniform fee bill in the city. It is non-medical as far as the professional part of the practice of medicine is concerned. Only questions pertaining to the business side of a doctor's life are discussed. Any reputable physician is eligible to membership. Almost every doctor on the west side of the city, and quite a number from other parts, are members.

In 1900 the physicians of this city met and adopted a uniform fee bill. Only a portion of the profession adhered strictly to the new bill, and it then occurred to a few physicians that if an organized effort was made, others would fall in line. This was done in February, 1905, and we now have a flourishing club as a result. The club now numbers over fifty. The other parts of the city are now being organized, and we hope to soon have the entire medical fraternity enrolled in these clubs.

There are a number of things on which we must get together and work harmoniously. One thing that is of importance is the manner of handling the ever-present "dead beat." Another is low contract service, surgical or medical, the treating of lodges at so much per head. Also, treating for accident insurance companies whose policy holders are protected in sickness at a low price per year. These questions and many others are vital to all physicians, and can be discussed in a business club better than any other place.

W. H. SWISHER, M. D., Dayton, O.

## PERSONALS.

Dr. H. E. Price, class of '05, has passed the Missouri State Board, but has not as yet determined on a location.

Dr. G. Elmer Miller, class of 1905, has taken the Indiana State examination, and is now located at Lebanon, Ind.

A. T. Rank, E. M. I. '06, has passed the West Virginia Board, and is located at Teays, W. Va.

DIED. at Stockwell, Ind., May 14th, Dr. James M. Fickle, E. M. I. '73. Dr. Fickle was born in Clinton county in 1847, and was one of the oldest Eclectic practitioners in his county. He was a prominent member of the Carroll Post, G. A. R., at Stockwell.

Dr. John W. Cosford, E. M. I. '80, has removed from Mancelona, Mich., to Spokane, Wash. Mrs. Mary V. Cosford, his wife, E. M. I. '85, is also a practicing physician, and they will be pleased to meet any of their professional friends who may visit Spokane.

**FOR SALE.**—Good country location in fruit belt of eastern Texas. I wish to move to a larger place. For further particulars address "Q," care Eclectic Medical Journal, box 115, Cincinnati, O.

Good location in town of 800—one other physician. For further particulars address Dr. Newcomer, Mendon, O.

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## READING NOTICES.

### YELLOWSTONE PARK AND PORTLAND TOUR.

**Personally Conducted Pullman Car Party leaving Indianapolis July 25.**

Every summer the C. M. & St. P. Ry., with its connections, sends out a Pullman car train from Indiana for a tour of the Rocky Mountain region, including a week's stay in the wonderful Yellowstone Park. This year arrangements have been made for all who wish to extend the trip to Portland, with choice of routes returning. Stops will be made at points of interest en route. Everything connected with the tour will be first-class and all expenses are included in the ticket. Further information and descriptive literature will be furnished by calling on or writing to C. C. Mordough, T. P. A., C. M. & St. P. Ry., 24 Carew Bldg., Cincinnati, Ohio.

**THE DELINEATOR for JULY.**—A magazine that is filled with seasonable interest for women is the July Delineator. In it the Summer fashions are exquisitely pictured, and described by such fashion authorities as Helen Berkeley-Loyd and Edouard La Fontaine, of Paris, who write for the magazine exclusively. Albert Bigelow Paine's serial, "The Lucky-Piece," develops an element of mystery that adds to the interest of the story, and there is also a short story by Zona Gale, "The Never-Lighted Fire"—a very delicate piece of work. A sketch of Longfellow's boyhood, by Peter Freneau, contains something new about the poet and the friends and home of his early life. T. Cromwell Lawrence describes the curious customs and costumes of Holland in an interesting travel sketch, and W. Jay Mills relates some of the prettiest romances of the old-time Summer resorts, Bordentown, Mt. Washington and Long Branch, in a remarkably illustrated paper.

The truth of Hare's contention that the common commercial witch-hazels of the retail drug store vary as to both odor and efficacy, and, for the reasons given, are less active than the proprietary article, as well as the peril of the common commercial and unidentified witch-hazels of the market, has been emphasized in startling fashion by well-known, and creditable medical investigators. Pond's Extract of Hamamelis can be recommended highly.

**TUBERCULAR EXACERBATIONS.**—Exacerbations are a common feature of preliminary tuberculosis, as every one knows who has had much experience with these cases. A tuberculous patient may get along comfortably for weeks and even months without treatment, suffering very little and with little or no loss in weight. Sooner or later, however, over exertion, error in diet, or some unknown cause, brings on

what seems like a bad cold or an attack of grippe or some such symptom. Then the temperature and cough grow worse, loss of strength and flesh goes on rapidly, and the patient either dies of the attack or makes an imperfect recovery, to go much as before the attack, but upon a lower physical plane. The more advanced the lesion the more severe and frequent the exacerbations. In the treatment of many cases I have found that they are most successfully handled as follows:

The patient is put to bed upon an exclusive milk and Bovinine diet; the quantity of milk and Bovinine is rapidly increased until the patient is taking from four to five quarts of milk and from four to six ounces of Bovinine each day. Under this complete and full nutrition, better results can be obtained than by any other line of treatment.

R. D. MUSSEY, M. D., Glendale, O.

**SUMMER DIARRHEA IN CHILDREN.**—A great many physicians begin treatment by removing the irritating substances from the alimentary canal by giving a good dose of castor oil, salts, rhubarb, or, by a plan that is often resorted to and is very popular with some, by giving copious injections.

I usually add two or three tablespoonfuls of Listerine, and I believe that it meets every indication better than any other preparation. There is no doubt in my mind that the antiparasitic and antifermentative preparations are productive of the best results. Of the numerous preparations of this character that are now on the market Listerine has by far the largest number of advocates, and I believe from quite a large experience with it that it justly deserves the recognition and endorsement that the medical profession has so universally given it.

—E. C. Register, M. D., Charlotte, N. C.

**CARBUNCLES.**—Creel has relied on eethal given internally, in doses of a teaspoonful, in cases of carbuncles, flax seed poultices applied locally, emptying of pus, scraping out dead tissue and cleansing with peroxide of Hydrogen; after this a topic application of ethol on absorbent cotton every four to eight hours. The average duration of this treatment in his cases was ten days.—*Jour. Amer. Med. Ass'n.*

“What is Genuine shall posterity inherit.”—Goethe.

Notwithstanding that a host of imitators have sprung up to reap the benefit of the reputation created by Hayden's Viburnum Compound as a remedy par-excellence in treatment of diseases of women, this valuable product has steadily increased in popularity, and has met every requirement of the most exacting clinician. On the nervous system it has a sedative effect. In delayed labor, owing to a rigid or, it is particularly efficient and preferable to chloral, as it is not a narcotic, and in post-partum work it enjoys all of the advantages of ergot without the dangerous actions of the latter drug.



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National Educational Association. Tickets will be sold June 29, 30, July 1 and 2. Return limit July 10, with privilege of extension to August 31.

#### DENVER, COLORADO.

National Epworth League Convention. Tickets will be sold June 29 to July 3, also on July 4 for such trains as reach western gateways on same day. Return limit July 14, with privilege of extension to August 8.

National Fraternal Order of Eagles. Aug. 15. One fare plus \$1.00 for round trip. Dates of sale and other particulars will be announced later.

National Encampment G. A. R. Tickets will be sold Aug. 29 to Sept. 3, also Sept. 4 for such trains that reach western gateway on same day. Return limit Sept. 12, with privilege of extension to Oct. 7.

#### BALTIMORE, MD.

United Society of Christian Endeavor. Tickets will be sold July 2, 3, 4. Return limit July 12, with privilege of extension to Aug. 31.

For detailed information, rates, time of trains, sleeping car reservations, etc., consult your nearest ticket agent or address

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CINCINNATI, AUGUST, 1905.

No. 8.

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## ORIGINAL COMMUNICATIONS.

### PRACTICAL VALUE OF QUANTITATIVE ESTIMATIONS OF UREA.

By George H. Knapp, M. D., Cincinnati.

Owing partly to the great physiologic importance of urea, representing as it does the end product of nitrogenous metabolism, and forming by far the most important solid constituent of a very important excretion, and perhaps partly also to the tendency to persistence of the now decadent hypothesis that the phenomena of uremia are referable to the retention of urea, some clinicians still lay much stress upon the importance of the quantitative estimation of urea as a valuable guide in estimating the functional integrity of the renal parenchyma.

Enough evidence is now at hand, however, to show that quantitative estimations of urea, as usually made, have really no practical value. The reason for this must be evident to any one who will reflect, for a moment, on the multiplicity of factors which govern the amount of urea excreted—how it varies with the amount of food *absorbed*, with the rapidity of retrograde metamorphosis, which is modified chiefly by fever, sleep, exercise and circulatory changes; how it is increased by the ingestion of large quantities of liquids, and decreased by the excretion of water through parts of the body other than the kidneys, as in vomiting, diarrhoea or diaphoresis. Besides this it must be remembered that not all of the nitrogen of the

body is excreted in the urine; fecal nitrogen, for example, represents the nitrogen not absorbed from the food and must have a wide range of variation, variations which are governed by disturbances of digestion and assimilation. Further, it has been shown by Von Noorden and Ritter,—quoting now from the recent work of Casper and Richter,—that in chronic nephritic processes periods of good and deficient urea elimination succeed each other, and that these periods merge into one another at times abruptly and immediately; at others slowly and gradually. It has been shown also by Rosemann that in wholly normal persons a very considerable retention of urea may occur for several days, and then the whole amount of retained urea be suddenly excreted.

From these facts Casper and Richter conclude “that a calculation of the amount of retained nitrogen gives no information as to whether the kidneys are capable of performing their function or not. Investigations carried out in the most approved manner which only estimate the amount of nitrogen excreted by the kidneys, without controlling the nitrogen ingested, are useless and worthless; and even an exact experiment in metabolism gives no unequivocal results.” This conclusion is practically that also of Richard C. Cabot, of Boston, in an exhaustive article on the clinical examination of urine (*Journal American Med. Association*, Vol. XLIV, No. 11, 12).

All who have made quantitative estimations of urea in a routine manner, and have noticed the comparatively wide range of variation in amount, must at once agree that these conclusions are well taken. When we consider the fact that so many factors conspire to make the establishment of an arbitrary physiologic standard for the output of urea almost impossible, the spontaneous variations in urea excretion in health and disease, the many extraneous modifying influences, and finally the well established fact that quite frequently in chronic nephritis not accompanied by dropsy, the quantity of urea excreted is quite equal to that found in health, it is evident that the estimation of urea as ordinarily carried out is a mere waste of time.

Another point of practical value suggested by the demonstration of spontaneous variations in the output of urea, is that this fact affords a possible explanation for the apparently contradictory statements of different observers as to the effect of digitalis on the excretion of urea. While some observers state that digitalis increases the amount of urea excreted, others

affirm that it diminishes or completely arrests urea excretion. It would seem now that these apparently opposite findings might be reconciled on the ground of being mere spontaneous variations, having no relation whatever to the exhibition of digitalis.

Only recently allusion was made to the action of digitalis in checking urea elimination in an article on apocynum (*Eclectic Med. Gleaner, New Series*, Vol. 1, No. 1, p. 47). In this article the statement is made that the administration of the U. S. P. infusion of digitalis is followed after twenty-four hours by a retention of urea which is manifested by dyspnea, cyanosis and coma. Now the spontaneous appearance of dyspnea, muscular twitchings and coma are familiar phenomena during the course of nephritis, more especially the chronic interstitial variety, and this group of symptoms is almost always accompanied by contracted arteries. Digitalis would, of course, be followed by an aggravation of these symptoms if administered in this condition, not, however, in the writer's opinion because it causes the retention of urea, but because of its well known action of increasing arterial contraction. While it is admissible that apocynum would be preferable to digitalis under these circumstances the use of this remedy would really be choosing the lesser of two evils, for the most marked pharmacologic effect of this agent is that of raising blood-pressure and increasing vascular tone, though in a much less degree than that of digitalis (Dr. J. Pawinski, *Monatsschrift für Praktische Aerzte*, abstracted in *London Lancet*, Sept. 3, 1904).

Even if apocynum were not absolutely contraindicated under the above circumstances, it would be much inferior to the vasodilators, notably nitroglycerin. It would seem that the selection of a remedy in the chronic nephritic processes should be governed rather by the condition obtaining in the circulatory system than by the questionable influence of an agent upon the elimination of urea.

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### WHAT CONSTITUTES A PURELY SURGICAL CASE?

By W. S. Bogart, M. D., Hanna, Wyom.

In the December '04 number of the *Medical Summary*, I took occasion to describe a case wherein a patient shot through the body had been treated by me and recovered completely without surgical interference or the appearance of pus, by the admin-

istration of echafolta and other Eclectic remedies. The purpose of the paper was to simultaneously show the efficacy of such remedies, and to incline consideration to the fact that much that is often classed as surgery should come within the scope of medical attention. In other words, I am led to believe that much surgery of to-day is unnecessary and that surgery rather than medicine, should occupy the subsidiary position. This opinion is the result of several years' experience, and an observation covering a decade.

The following description of a somewhat similar case, which is one of many equally illustrating the point, is submitted to further show the possibilities of medicine and its independence of surgical interference.

Several weeks ago I was called to our lower camp to attend a young negro shot in a meleé. The ball, a 38-cal., shot from an Iver-Johnson revolver, had entered between the eighth and ninth ribs on the left side and about five inches from the median line. It lodged subcutaneously in the lumbar region about two and one-half inches lower than the point of entrance and in a corresponding vertical line. The proximity of the weapon at the time of firing ignited both clothing and skin, so that the aperture of entrance was sealed and precluded external hemorrhage. My wound of extraction having been closely sutured, healed by first intention, so that the history of the external wounds was terminated, excepting a subsequent exfoliation of the burned cuticle.

At the time of my primary examination no complications had developed, excepting a subcutaneous tumor located about the anterior wound from internal hemorrhage. Having previously been occupied a goodly portion of the night, sewing up the other party to the altercation, I went to bed. Later in the day, I again saw my patient and found startling complications. The ball having pierced the pleura, had developed a traumatic pleurisy and by extension, a similar inflammatory condition of the left lung. This was evidenced by a difficult respiration of 52 per minute. The ball had presumably pierced the fundus of the stomach twice and just missed the kidney: with a possibility of a traumatism to the descending colon, so that a violent intra-abdominal inflammation was present, with great tympanites, feeble pulse of 120 per minute, temperature  $102\frac{1}{2}^{\circ}$ , and a stupor approximating coma. These conditions prevailed for twenty-four hours, and the next day were augmented by an

attendant disobeying my prohibition of food. About one pint of milk had been sent into the stomach. The color of the patient (a dark-brown negro) was greenish, a cold sweat was present and coma was progressive. I here called in my associate who predicted death within twelve hours and criticized me for not having opened the abdomen, flushed it and stitched the stomach. After a violent emesis, during which the greater part of the milk previously imbibed was ejected, some relief ensued.

I had at the onset put the patient on the following prescription for the pneumonitis and pleurisy:

R—*Sp. Veratrum*, gtt. v; *sp. bryonia*, gtt. viij; *sp. asclepias*, 3j; fl. ext. *hamamelis*, 3ij; aqua, q. s. ad ʒiv. M. Sig. Drachm doses every two hours.

The veratrum would appear contraindicated, owing to the feeble pulse, but my experience coincides with that of Dr. Cooper, in that this drug acts upon pulmonary inflammation advantageously, irrespective of pulse.

Determined to justify my method of procedure, I now attacked the peritonitis. Food per os being interdicted. I employed bi-hourly rectal injections of milk, alternated with beef tea, in about four dram portions. I employed locally for the tympanites inunctions of turpentine repeated every three or four hours. Internally I gave in alternation with the pneumonia prescription the following:

R—*Sp. aconite*, gtt. x; *sp. bryonia*, gtt. viij; *sp. arnica*, 3j; *sp. dioscorea*, 3j; *echafolta*, 3ij; aqua, ʒiv. M.

I employed veratrum for its ascertained action in obstructed circulation, and its peculiar affinity for pulmonary tissue. Bryonia was used for its curative action on serous tissue, with the inflamed pleura especially in view. Asclepias being a very efficient adjunctive to the treatment of pleurisy, was included. The hamamelis was employed because I have found it very active in promoting absorption of effused blood. Aconite was used in the second prescription because it is the remedy in inflammation. Bryonia for the reasons given above, with especial reference to the peritonitis in this case. Arnica was given to overcome the abdominal soreness and dioscorea was employed for the cramps, tenderness on pressure, and tympanites. Echafolta I gave to counteract the tendency to pus formation, indicated by a pus temperature, which persisted about three weeks.

While this does certainly look like polypharmacy, the remedies were all called for, and it would have been impossible to

have employed the single drugs in alternation, or dispensed with some, and saved the man's life. The prescriptions were gradually built up as the conditions presented calling for them, and various remedies eliminated as soon as the indications disappeared. Nothing else than the first milk was introduced into the stomach for ten days, excepting three or four dram allowances of cold water at intervals of a few hours.

At the end of six or seven days pulmonary inflammation was entirely overcome, and the respiration became normal, so that as the effused blood was evidently absorbed, the first prescription was discontinued. However, much of the lung exudate had been removed by expectoration. While the daily amount of aliment was of small quantity, the combined action of the *trionia* and *dioscorea* produced from five to six bowel actions daily, varying from one to two pints each; this being a yellow, creamy, offensive discharge indicating the absorption of the product of peritonitis.

Fever and pulse gradually abated, the temperature receding about one third daily after the pneumonia was overcome, and at the end of about three weeks the patient was fever-free. The second prescription was continued from the beginning at gradually lengthening intervals until at last it was given but twice daily. On the resumption of oral feeding great care was exercised, the rectal allowance being first employed and effect noted. The allowance of liquid food was gradually increased and after about five days of this, semi-solids were introduced into the diet; at the conclusion of about three weeks solid food was allowed, care being taken to avoid such aliment as would produce much gaseous dilatation. At the end of the first fortnight the patient was able to get up and dress himself. At the end of four weeks he was eating everything, gaining flesh, going about in usual health, and has since resumed work.

Such results being possible with medicine, what excuse could I have had for surgical procedure? I believe that in a great many cases reference to a surgical specialist is a confession of inability, and of ignorance of the possibilities of the great *materia medica* with which nature has provided us. Surgery is essential, but decreasingly so as we better learn to meet pathologic conditions with remedies ascertained by experience to be curatively related to given conditions.

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**PENETRATING WOUNDS OF THE LUNGS.****By A. B. Young, M. D., Brownsville, Tenn.**

[Concluded from page 376.]

Many complications are liable to arise in these cases, which must be met and treated according to conditions and circumstances, to illustrate which I will recite a case which came under my care and treatment not long since. Although the case resulted fatally, the patient dying some two weeks after receiving the injuries, nevertheless it may prove of interest and serve to illustrate the point which I wish to make.

Mr. W. H. B., a very large, robust, saw-mill man, age 46, height 6 ft. 2 in., weight 235 pounds, while running his saw-mill, March 2, 1904, a young man rode up and accosted him about something which he had said about him the day before, and before any one was aware of the young man's intentions, he drew his pistol, a 38-caliber, and began firing at close range, five shots, all of which took effect in Mr. B's person. The first shot entered the chest just above the left clavicle, penetrated the apex of the left lung, ranging downward and inward and to the right. The ball entered the right lung also, and lodged somewhere in the chest wall. The patient being unarmed and not expecting a difficulty, whirled around and ran. The other four shots took effect in his back, left arm and thigh. One ball entered the back two or three inches to the left of the spinal column, on a line with the heart, ranging upward and outward. It lodged deep down in the muscles of the back, without entering the chest cavity. The ball in the left thigh entered to the left of the femur and ranged upward and outward and lodged deep in the tissues of the buttocks. One ball struck the left forearm in the rear and passed diagonally through the muscular tissues and out under the ulna, making a clean cut or passage-way through the arm. Another bullet entered the back of the left arm and outward to the humerus, ranged upward and outward and lodged deep in the muscles of the arm in that region.

Although badly shot, the man did not fall, but he was caught by two of his mill hands, who assisted him to a house near by and laid him on a bed, with blood pouring from his numerous wounds. Frothy blood, blown out by air from the lungs, bubbled freely from the wound in his chest; this, with air infused into the cellular tissues of his neck, face and head, producing extensive emphysema of those parts, presented a gruesome sight to the eyes of the by-standers, some forty or fifty



people who had gathered about the house and room, fully expecting that the man would be dead in a short while. I was summoned by telephone some time after the shooting, but as the "site of war" was six or eight miles in the country, several hours had elapsed before I reached the patient. I found the patient as stated, and very faint from pain and loss of blood, his eyelids puffed and tightly closed, so he could not see without prying the eyes open. In fact, the whole of the upper chest, neck, face and head were fully inflated like a balloon ready for ascension. The blood had about checked when I arrived, and the patient had been freely dosed with whisky. I first gave him a hypodermic of  $\frac{1}{2}$  gr. morphine and 1-20 gr. strychnine, which relieved the pain, and with encouraging words from me, inspired the patient with new hope and strength. I dressed the wounds with iodoform gauze and pads of absorbent cotton, wet with a 20 per cent. solution of Lloyd's Asepsin, held in place with bandages, and I directed that some of the asepsin solution be poured on the wounds occasionally, as the dressings became dry. I also prepared a mixture of aconite 15 drops, echinacea one-half oz., apocynum 1 dr., water 4 oz., and directed a teaspoonful to be given every two hours; left some one-fourth gr. morphine tablets with directions to give one occasionally if necessary to keep the patient resting easy, and left for home.

From the description of the case, you can readily see that the man was badly "done up," but this is not all. The patient rallied from the shock nicely, the temperature for the first three or four days not going above 101 F. I dressed his wounds daily, washing out the tracks of the bullets with solutions of echafolta and carbolic acid, using strips of sterilized gauze wet with asepsin solution, pushed into the sinuses to keep the wounds open and facilitate drainage. I did not attempt to remove the bullets, as the only material danger was from the ball in the lungs, and an attempt to remove this would have been foolish and unjustifiable, serving to further imperil the life of the patient.

I was fearful all the while of traumatic pneumonia and toxemia, and used every precaution that I could think of to avert the same. The patient expectorated much coagulated blood from the beginning, but he got along well up to the fifth day, when he had a restless night, and I was summoned to come and bring Dr. A., a distinguished allopathic physician and surgeon of our town, with me. Upon examination, we found the patient suffering with traumatic pneumonia of both lungs, tem-

perature 105.5 F., pulse 140 per minute, respiration 60 per minute. In the consultation, Dr. A. expressed himself as having no hope for the patient, and thought it useless to try to do anything. While it looked like a hopeless case (and we so informed the family), and that it would be impracticable to remove the bullet from the chest, for which purpose the consulting physician was called in, yet we decided to render every medical assistance at our command, and give the patient every chance for his life possible. So we gave strychnine hypodermically to sustain the heart's action, *sp. lobelia* for the dyspnea, chloride of potash for the engorgement of the lungs, *sp. veratrum viride* for the full, hard pulse, and the tongue having a dirty yellow coat, we prescribed a brisk cathartic of podophyllin, and ordered hot applications of carbolyzed vaseline or lard, spread on cloth, applied to chest—all of which acted nicely and I found the patient somewhat better on my return visit the next day, Dr. A. not going any more. The patient did well under this treatment and everything worked smoothly along up to the eleventh day of his illness, when the pneumonia seemed about well, and all the wounds except the one in his chest had about dried up and almost entirely healed, and I began to congratulate myself on the patient's recovery, when on the twelfth day he began having nerve rigors and profuse sweating. Of course this meant empyema with threatening toxemia, and the last struggle for life had begun. The patient became very much depressed and it seemed as though he would die that night; but under free stimulation of whisky and protonuclein and hot applications with heroic doses of sulphate of strychnia hypodermically, by the next morning he again rallied. Then came the "command for the last charge, and for five days and nights the battle raged." Under this stimulating course of treatment, with liberal doses of Lloyd's *echafolta* and the sulphide of calcium, the patient again improved for several days, when I again began to think that the man would get well and received many congratulations from interested parties at his seeming recovery. But on the fifth day of this last struggle and the sixteenth day of the patient's illness, his mind began to wander and he rapidly grew worse, and, in spite of all that could be done, he continued to gradually sink and died on the morning of March 18th.

**DILATATION OF THE STOMACH, OR GASTRECTASIS.****By O. A. Palmer, M. D., Cleveland, O.**

[Continued from page 369.]

In examinations of the stomach care must be taken not to be deceived and call the distended transverse colon a dilated stomach. In order to make a very careful test a cathartic should be administered the night before. In many cases the kidneys become affected by auto-toxic matter which is very irritating and in some instances destructive to these organs.

In cases where there is extreme dilatation of the stomach with stenosis of the pylorus, tetanus will develop as a natural result and is characterized by convulsive attacks causing the flexors and muscles of the arms and legs to take on a spasmodic contraction, as well as some of the muscles of the abdomen and face. Consciousness is not lost, as a rule, but speech may be very much impaired. There is no doubt in my mind but that auto-intoxication is the cause of the condition known as tetanus.

From what has already been said I think that it would not be a very difficult matter for any one to diagnose dilatation of the stomach. It must be remembered that there is an enlargement of the organ and a slow and incomplete passage of its contents into the duodenum as well as a relaxed and flabby condition of the stomach walls.

As has been mentioned, there is great fermentation of the ingesta with much gas and splashing sounds over the stomach, elicited by palpating over the injured region. I always make it a point to get as much important information as possible in these cases without the use of any instrumental means, as the majority of these patients become very nervous and are very unwilling to have any unpleasant means used to determine the actual conditions. In making the diagnosis one must not forget the location of the normal stomach. Some foreign writers hold that a stomach that does not extend below the umbilicus is not abnormally large. In this country the lower edge of the stomach in the majority of cases will be found to rest midway between the lower end of the sternum and the umbilicus.

In the majority of persons advanced in age, especially where they have indulged excessively in either food or drink, the stomach is much larger during the latter half of life than the first. In most dyspeptics the stomach assumes an abnormal size and position, and the lower border will be found below the umbilicus. A very little practice will make the ordinary physi-

cian careful enough to be able to detect the location of the stomach without any instrumental aids. If instrumental means are absolutely necessary Turck's gyromele or revolving sound will give the most accurate results.

The stethoscope has been used to obtain the size of the stomach. The instrument can be placed over the region of the stomach, then the stomach can be abruptly tapped on one or both sides with the fingers so as to produce splashing sounds. To determine the deficient motility of the stomach the best method is to withdraw the contents with a tube at intervals after eating. If three or four hours have elapsed and there is no food found in the stomach there is no lack of motor power of the stomach to handle food. If the contents of the stomach are found foaming and have a yeasty appearance and a sour and rancid odor, it would suggest at once that dilatation of the stomach existed. If the test is made before breakfast and food elements found undigested dilatation could be said to exist.

Whenever it is possible to locate accurately the lower edge of the stomach it is not hard to determine its size by simply tapping the abdomen over this region, and if the splashing is noticed, either in the recumbent position or standing, we have good evidence. In completing the diagnosis one must not forget that gastroplegia, or paralysis of the stomach may exist, but it is a very rare condition. It may be thought of after surgical operation, great mental, moral, or physical shock.

Simple hypertrophy, or megastria, is a condition that may exist, the walls of the stomach being thick and firm, and none of the marked symptoms of dilatation of the stomach will be found in any of the examinations. The downward displacement of the stomach or gastroptosis must not be forgotten in making up the diagnosis. In this condition the stomach may not be too large and in good general working order, but is not in its usual location, and has none of the strong symptoms of dilatation.

In what is called vertical stomach in which the pyloric end swings around towards the left until the organ is nearly perpendicular in the abdominal cavity, the position will be found to be wrong, but the other symptoms of dilatation will not be present.

It requires much care and training to become able to make a satisfactory diagnosis of these cases. One author says we must not make the mistake of calling ovarian cyst, the large kidney, or over distended colon, dilatation of the stomach.

One must understand the cause of dilatation before he will be able to give a correct diagnosis. If due to a functional condition, a proper correction of all errors would no doubt be of benefit. Where cicatrices, tumors and flexions as well as malignant troubles exist the case becomes more grave, especially if the cause can not be removed.

In speaking of the treatment it should be remembered that many of these cases are surgical, because of the mechanical obstructions which require prompt surgical attention in extreme cases. It is not well to delay in operating upon any of these cases when it has been determined that it is a surgical case. Non-operative cases of dilatation of the stomach can usually be treated quite successfully and the best means are abdominal massage, exercise, proper development of the trunk muscles, and above all a judicious diet, as well as baths, rest, and the proper outdoor exercise.

In the treatment of the causes of dilatation of the stomach it will be noticed that they are not treated alike, the first item being the removal of the cause; the second, the repairing of the damages. One most important point in all of these cases is that the stomach should not be overworked, but allowed to have a fair amount of rest.

It does not require a high order of skill to detect a tender stomach in the average intelligent patient, and as irritation and chronic inflammation is the basis of all these troubles outside of the tumor and ulcer changes, a rational treatment of these cases can generally be easily formulated.

In cases of spasm of the pylorus caused by acid gastric catarrh, diet is of the greatest importance, which I insist shall be of predigested foods, cream, eggs, stale bread, wheat in its various forms, and, since we have determined that a fair use of fats and sugars prevent an over secretion of gastric juice, it is proper to use them in moderate quantity in the majority of these cases. I generally use some form of diastase or malt to assist in handling these foods. Over distention of the stomach with too much food must be absolutely prohibited. In very bad cases, requiring the nourishment to be kept up in order to support the general health, rectal feeding should be resorted to, as the decline of the general health would be a serious drawback to the recovery of dilatation.

In all cases of hyperchloridia it is a difficult matter to manage the diet, either in cases of dilatation or where the stomach

is nearly in a normal condition. These cases are apt to be troubled with burning pains which are often called heart-burn.

I have used phosphate of soda, milk of magnesia, and find that they are of much value in the majority of these cases. The stomach must not be allowed to fill up, and should be kept clean as near as possible. A three per cent. solution of boracic acid in lukewarm water is of much value to use in washing out the stomach. Where there is not an over acid condition, collinsonia is of great value in moderate doses, as well as hydrastis. In the latter part of the treatment massage is of much value, as it improves the general tone and muscular ability of this organ.

Electricity should be used with the massage, and where the muscular walls are very weak and not much irritated the faradic current is the proper one to use. Static electricity is of value for a general tonic and stimulant, and should be given once a day from ten to twenty-five minutes.

In cases of dilatation, where there is an atonic condition with no other deleterious condition existing, many plans of treatment have been suggested by the various authors of the day. One moment's thought would suggest in these cases that on account of the debility and weakness of the organ, assistance in digesting food and handling foods not requiring a large amount of work by the stomach but more by the intestines, would be a rational course to pursue.

Milk diet cures, of various forms, special treatment like gluten, etc., have been recommended, but I find that it is a question of nourishment, and the articles that give the most nourishment to the general system, and the mechanical treatment that assists most in re-establishing the tone of the stomach, are the most successful treatments.

Women generally require a modified rest treatment, as they usually are very irritable and nervous, and have lived in a very unhygienic way both in dress and exercise. The body should be freed of all constrictions, and only articles of diet taken that can be handled easily by the debilitated organ. All clothing should be suspended from the shoulders and the abdominal muscles should not be limited in their various actions. All forms of light exercise, as well as salt rubs and baths, coarse towel friction with alternate cold and hot packs upon the epigastric region, are valuable means of cure.

The stomach must be kept clean and not overworked. Daily lavage is of value in some cases. The action of nux vom, strychnia, calcarea flur, robinia, arsenic, carbo-veg., should be carefully considered in all these cases.

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### MACROTYS.\*

By George Snyder, M. D., Weston, W. Va.

Macrotys is a perennial plant, growing in shady woods, and flowering from June to August. It is found in the United States and Canada. Spec. Macrotys is the only preparation of the drug we have ever used, consequently we will speak only of that preparation. The remedy seems to exert a specific influence on muscular tissues, relieving aching and soreness; it is a remedy of great value in colds and la grippe, which are always accompanied with pain and soreness of muscles.

It is of marked benefit in rheumatism, both of the muscles and ligamentous variety. In rheumatic fevers, acute articular rheumatism, and rheumatic pericarditis, it is one of the very best remedies we have at our command. In all forms of rheumatism, alone or in combination with other indicated remedies, it is of great value, and especially so where there is aching and muscular soreness.

Macrotys is a good remedy in cholera. In combination with gelsemium, it works wonders in controlling the disease, but must be given in large doses. In rheumatic headache there is no better remedy. It is also valuable in the various neuralgic pains so common in the sudden atmospheric changes we have. Many antirheumatics are hard on the stomach; macrotys not only does not interfere with digestion, but actually improves it, and seems to protect the stomach when given with the salicylates, and greatly intensifies their action. So highly do I prize the remedy that I rarely prescribe for rheumatism without it being one of the agents given.

Macrotys seems to have a specific influence on the reproductive functions; it is valuable in amenorrhea and dysmenorrhea. Where there is pain in the back and uneasy sensation in the uterus or ovaries there is no better remedy. In threatened abortion, in connection with viburnum, it is our strongest safeguard, opium not excepted. In the pain and uneasiness during pregnancy we have no better remedy, and undoubtedly

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\* Read before the West Virginia Eclectic Medical Association, May 17, 1905.

it prepares many a mother for the ordeal of labor; and when given properly during labor, increases and strengthens the pain and very materially facilitates it. It may seem unreasonable to some to say that macrotys will controll false labor pain and increase natural labor pains, but it is true; seeing, in that instance, is knowing. The dose, however, is very different gtt. xv to xx to water oz. iv, teaspoonful every 1 to 2 hours or oftener if needed for false pains; to increase the power of the natural pain v to xv drops of the pure drug at a single dose, repeated every 15 to 30 minutes, is not too much.

In the dragging uneasiness complained of by many ladies, in connection with other indicated remedies, macrotys will be of very great benefit. In the male, with gonorrhea, with aching in back, kidneys and bladder much benefit will be derived from its use. In orchitis I do not think we have its equal; in mumps, especially metastatic, it is a very valuable remedy. The usual dose is 15 drops to one-half drachm in four ounces water, teaspoonful every 2 to 4 hours. There is no remedy I have ever used has given me more satisfaction in both acute and chronic conditions than macrotys. I am still watching its action and each year find new uses for it. Use it, watch it, and thus bring honor to yourself and school, and allay the sufferings of humanity.

### MAGNESIUM SULPHATE.

By E. B. Gregory, M. D., Reno, Neb.

Appropos to Dr. L. A. Perce's article, "What I Know about Salts," appearing in the June number of the Journal, I submit the following formula :

R—Magnesium Sulphate (Merk's C. P. dried), ʒiij.

Sodii Bicarb. ʒiv,

Acidi Tart. ʒviij.

Saccharini (Merck's), gr. iiss. Thoroughly triturate the saccharin and soda bicarb. then add the salts and acid.

The above formula is the result of much experimenting, and if properly prepared. results in a very handsome preparation, in which the nauseous taste of Epsom salts is almost completely disguised. The addition of sp. limonis, ʒj to ʒij is an improvement. The object of the saccharin is to hide the bitter taste of the salts. The development of sulphuretted hydrogen gas in the bowel, which occurs sometimes after taking the salts, can be prevented by administering copper arsenite, gr. 1-100 at time of taking.



## TYPHOID FEVER.

By C. E. Martin, M. D., Wagoner, Ind. Ter.

[Continued from page 372.]

*Diagnosis.*—Unless we find all the characteristics of typhoid fever present when first called to a case, it will be well for us to be guarded in our diagnosis. But should we suspicion the disease, we should at once enforce prophylactic measures so as to prevent further infection. The diagnostic features to be relied upon are the increased prodromal symptoms, epistaxis, enlarged spleen, tender ilio-cecal region, tympanites, rose spots, high temperature, feeble pulse, dark coated tongue, and sordes on the teeth and lips.

*Prognosis.*—If there are no complications, the prognosis is favorable. Much will depend upon the severity of the disease, the age and condition of the patient.

*Hygiene.*—Isolate the patient and have everything pertaining to or used by him scrupulously clean; change the bed and patient's linen daily. Use disinfectants in the room and in all the vessels used by him. Disinfect all excreta and caution the family or nurse as to the casting of it. Have good ventilation and no more furniture in the room than is necessary, and admit all the sunlight the patient can bear.

*Diet.*—As the lesion of this disease is located in the digestive and blood-making organs, good nursing and proper diet are very important adjuncts. The nourishment should be administered with care and regularity, and should be wholly in a liquid form. It should possess much nutrition and be palatable to the patient. Animal broths, beef tea, soups, orange juice, lemonade and buttermilk constitute a good line of diet. Buttermilk is very grateful to the taste of most patients. It is a favorite with me, as it is nutritious, partly predigested, and easily assimilated, as the caseine is broken up, and the poisons are precipitated by the chemical fermentative action. Some may suggest sweet milk. In my opinion this is contra-indicated as a nourishment during the fevered stage? Why? Because it curds in the stomach requiring hours to break it up for assimilation, and some may be not digested at all, thereby passing through the bowels, irritating the enteric and Peyer's glands, causing distress and often hemorrhage. Give plenty of pure water as a thirst quencher and a waste-gate flusher. Give whisky, port or sherry wine as stimulants when needed.

*Medication.*—Meet your indications as they appear, as no line

of treatment may suit every case. When first called, see to the stomach and bowels at once. Avoid cathartics. Do not think that you can wash out the bacillus by purging with calomel or other cathartics. I use mild laxatives as castor oil, magnesia sulphate or sodium phosphate, as they will relieve the bowels of any foul accumulations and produce no distressing symptoms—castor oil being my preference. When an enema is required my favorite is warm, clean soap-suds or salt water, to which I add a little turpentine. Use enemas with caution, so as not to produce dilatation or extension of the bowels, making perforation liable. Should a case present an obstinate diarrhoea, I think you will find it controllable by bismuth sub-nitrate, or Dover's powders combined with former. For the dark, deep red tongue, give dilute muriatic acid. For a dry parched, brown tongue, accompanied with tympanites or gaseous condition of the bowels try spts. turpentine. Use it, also, externally for the tympanitic abdomen. Give sodium sulphite for a dirty, pallid, pasty tongue, and kali chlorate for a fetid odor. Apis, spirits of nitre or kali acetate, as indicated, for scanty urine. Coal-tar antipyretics have no place in the treatment of this disease. Frequent sponging, with cold or tepid water as the patient will endure, will lower the temperature without depressing the heart. In all cases of typhoid fever we need a general and intestinal antiseptic to antagonize the general and local septic condition of the blood and intestinal tract. For this purpose I find no agent equal to Lloyd's specific echinacea, and I believe it to shorten the duration and change typical into mild cases more quickly than any one remedy that I know. Combine specific baptisia with the echinacea when you have the purple dusky colored tongue and sordes on the lips and teeth.

If you have disturbance of the nervous system, with irritability, determination of blood to the head, bright eyes, flushed face, restlessness or delirium, sp. gelsemium will be your remedy. But should your case present enfeebled circulation, congestion with marked dullness, dilated pupils, cold extremities, cold, clammy perspiration, belladonna is indicated.

Insomnia may be controlled by hyoscyamus, cannabis indica, passiflora, cypripedium, sulphonal, tryonal, or Dover's powder combined with quinia sul., as the case requires. In the latter stage of the disease, should the heart need stimulating I prefer either strychnia sul. or digitalis. Should hemorrhage occur

give carbo-veg. or gallic acid. Any complication or symptom must be met by the indicated drug. But do not over-medicate, use great judiciousness and care in treating your patient, combined with proper nursing and diet; thus the mortality of typhoid fever will be greatly lowered.

### MANGIFERA INDICA.

By F. O. Harrison, M. D., Christopher, Ill.

*Mangifera Indica* is a tree that grows in East India, so writers state. Lloyd's Specific medicine is the preparation that I use. I wish to state a few of the indications or pathological conditions for which *Mangifera Indica* is almost a specific, as the term is usually employed. There is no better remedy for sore throats of children from cold, where the fauces and tonsils are swollen, mucous membrane of a dark red color, tongue normal, or red, not pale. In fact, I do not hesitate to make the assertion that the medicine in question is one of the best remedies for all sore throats; even in diphtheria, there is no better remedy to lubricate and moisten the dry mucous membrane; and the diphtheric deposit, or membrane, will soon get ragged and disappear under the use of the drug by frequently repeated doses. I can not call to mind a case of that dreaded disease, since I began to use *Mangifera*, even if the patient did not recover, but what the throat affection almost disappeared, swelling subsided, deposit all gone and color nearly normal. I call to mind two cases of severe diphtheria where the external and internal swelling subsided, throat and tonsils appeared normal, though the effects or sequelæ of the disease were too much; so in four or five days after the throat had recovered the normal condition and appeared as though they would soon be well; they died from heart weakness.

When this remedy is used we have no need for gargle or swab, in fact they should not be used, especially the latter. I have treated adults who had diphtheria, and they had it bad; they claimed the medicine without *Mangifera* did not appear to give any relief; they said the red medicine, as they called it, did more good than any thing they could take. So they took it often, as the remedy made their throats feel so much better. And children with sore throats, after one or two doses are taken, will reach and ask for more of the medicine; in fact they take it without any trouble. In follicular tonsillitis there is no medicine

that I have ever tried that will fill the place of the *Mangifera Indica*.

Now, as to dose: I have only tried to explain the cases for its use locally. For local treatment for diphtheria:

R—*Mangifera Indica*, 3j to 3j; Aconite, gtt. iij to gtt. iv; water, 3iv. M. Teaspoonful every hour.

If the tongue and mucous membranes show pallor, then combine with it *Phytolacca*; if the pallor is marked, don't use the *Mangifera*. But in the majority of cases of sore throats the tongue and mucous membranes are red.

Now understand, besides the local treatment, in diphtheria, we give systemic or constitutional treatment, the best we can, being governed by the symptoms. Sore throats from cold, *Mangifera*, one to two drachms, water four ounces, teaspoonful every one or two hours, can be used in combination with any of our specific medicines when they are indicated.

There are other conditions in which the drug can be used to advantage, but we only wished to call attention to its use in throat affections of children from cold.

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### PROFESSIONAL SECRECY.

By W. H. Gore, M. D., Ellasville, Texas.

I see in your Journal, on page 319, an article entitled "Professional Secrecy," which brings to my mind a case of gonorrhea I had to deal with some years ago.

Several months before marriage the husband contracted the disease, was treated by a regular physician who, in a short while, told him he was all right. The young man married and in a very short time the disease broke on him again. He came to me with a woeful story of his condition, saying that he had infected his wife and if she found out the exact nature of her case she would leave him. He wanted me to treat them and help him out of his trouble. I told him I thought we would make things all right. His wife and her mother both asked me what was the matter with her and John. I told her she had a case of vaginitis and that she soon would be all right, and further that the discharges from the vagina, it is said, would cause trouble with the husband. That seemed satisfactory to her and her mother, but afterwards her step-father became suspicious and asked me if it was not "a bad disease" that John had. So I tried to appear surprised and said, "Oh, no; that condition sometimes occurs in young married folks." So that seemed to satisfy him though I felt like he could tell I was lying.

So everything went on favorably. Both got well in due time, and now after several years, they are still living together and raising a happy family.

Did I do right? If I had revealed the truth, there certainly would have been a separation.

### EXAMINATION QUESTIONS.

#### OHIO STATE BOARD OF MEDICAL REGISTRATION AND EXAMINATION.

June 13th, 14th and 15th, 1905.

##### MATERIA MEDICA AND THERAPEUTICS (ECLECTIC.)

1. Give a short definition of Specific Medication and Specific Diagnosis.
2. What are the indications and contra-indications for an emetic? Name three emetics.
3. Give the indications and contra-indications for a cathartic. Name three cathartics.
4. Define briefly decoction, infusion, suppository, cerate, unguent, tincture, fluid extract.
5. State briefly the medicinal uses of podophyllin.
6. Name three heart remedies and differentiate between the action of each.
7. When would you use aconite, belladonna, gelsemium, or baptisia in a fever?
8. What are the therapeutic uses of opium? When is it contra-indicated?
9. What are the uses of chloral hydrate? What is the dose? When is it contra-indicated?
10. Give briefly the specific indications for lobelia, ipecac, sulphite of sodium, nux vomica, bryonia, rhus, and colocynth.

##### CHEMISTRY.

1. What is atomic weight? What is a compound? What is a mixture?
2. Define the terms crystal, element, precipitate, specific gravity, saturated solution.
3. Give the chemical names for Epsom salts, Rochelle salts, oil of vitriol, prussic acid, chalk.
4. What is the chemical difference between acids having the termination ous and ic—for example, sulphurous and sulphuric acids? What names are given to compounds of such acids?
5. What is the treatment for poisoning by strychnine? by morphine?
6. What is the normal quantity of urine? What is the test for earthy phosphates in urine? for sugar? for albumin?
7. Give the principal constituents of milk. How would you detect water adulterations in milk?
8. What kind of water would you consider pure for drinking purposes? What impurities could you determine by chemical tests?
9. Is wood alcohol, ethyl or methyl, alcohol? What is the effect of wood alcohol when taken internally?
10. Give a simple test for determining whether a substance is acid or alkaline.

## SURGERY.

1. Describe an operation for radical cure of inguinal hernia.
2. Describe some fracture with dressing for same.
3. Describe some dislocation with treatment for same.
4. Describe course of appendicitis, and in what stages do you advise operation?
5. Describe senile gangrene, with treatment for same.
6. Define surgical shock and give its treatment.
7. Give the causes, symptoms, and treatment of varicose veins.
8. Describe an amputation at the knee joint.
9. Define and classify osteomyelitis,
10. Give symptoms of intestinal obstruction.

## PRACTICE AND PATHOLOGY.

1. Name the different forms of anemia, with diagnosis and treatment of each.
2. Define hepatic colic and give cause, symptoms, and treatment.
3. Give cause, symptoms, diagnosis, and treatment of acute parenchymatous nephritis.
4. Give etiology, pathology, and diagnosis of croupous pneumonia.
5. Give causes, diagnosis, and treatment of chorea.
6. What pathological condition is present in an ordinary case of diarrhoea?
7. How does remittent fever differ from typhoid fever?
8. Give complications and sequelæ of scarlet fever.
9. Describe the pathology of typhoid fever.
10. What are the causes, symptoms, and treatment of diabetes mellitus?

## PHYSICAL DIAGNOSIS.

1. Define coma; state its diagnostic significance.
2. What is cyanosis? What are the conditions which produce it?
3. Define jaundice (icterus); mention its diagnostic value.
4. Define purpura, and state its diagnostic significance.
5. What is the diagnostic significance of anesthesia?
6. Explain the diagnostic significance of the deep reflexes, especially of the knee-jerk.
7. Describe the physical signs in lobar pneumonia.
8. Describe the physical signs of the incipient stage of pulmonary tuberculosis.
9. Describe the physical signs of acute appendicitis.
10. Describe the physical signs of mitral incompetency.

## OBSTETRICS.

1. Define eclampsia; name some of its probable causes and the factors which influence prognosis.
2. What change in diameters of the foetal head results from flexion at the brim?
3. What are the natural presentations?
4. Give proper method of managing the third stage of labor.
5. What causes internal rotation in labor?
6. How manage a brow presentation?
7. How distinguish the foetal head from the breech by palpation?
8. What is deformity of the pelvis? Where does it most frequently present itself?

9. How may the conjugate be measured?
10. What dangers to mother and child are incident to a long-continued second stage of labor?

#### ANATOMY.

1. Name the divisions of the intestine, and give approximate length of each division.
2. Briefly describe the kidney.
3. What is the coeliac axis? Where? What are its branches?
4. In amputation of the arm at juncture of middle and lower thirds, what structures would be severed?
5. What bones enter into the formation of the wrist joint?
6. Describe the marrow.
7. Give the gross anatomy of the ear.
8. Give the origin and distribution of the facial artery.
9. What bones form the orbit?
10. Name the twelve pairs of cranial nerves.

#### DISEASES OF CHILDREN.

1. Differentiate measles and scarlet fever.
2. Differentiate variola and varicella.
3. Differentiate membranous and spasmodic croup.
4. Differentiate simple and tubercular meningitis.
5. Differentiate follicular tonsillitis and diphtheria.

#### DISEASES OF WOMEN.

1. Give cause, symptoms, and treatment of prolapse of ovary.
2. Give differential diagnosis of ovarian cyst and ascites.
3. Give cause, symptoms, and treatment of ante flexion of uterus.
4. Give treatment of (a) eczema of the vulva. (b) Pruritus vulvæ.
5. Describe and give regional anatomy of the ureters.

#### PHYSIOLOGY.

1. Describe the red blood corpuscles and their grouping.
2. What is the average number of red blood cells in one cubic millimeter of human blood? What circumstances may produce a variation in this number, and how great may be this variation within physiological limits?
3. Describe the heart sounds and their cause.
4. Give the location of, and describe the cerebral zone which governs respiration.
5. What part of digestion takes place below the stomach?
6. Describe the mechanism of vomiting.
7. What are the requirements of a physiological diet?
8. What circumstances or conditions affect body temperature?
9. How is an irritation or impulse from a nerve periphery conveyed to the brain?
10. What is the function of the skin?

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SETON HOSPITAL REPORTS.

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PROF. L. E. RUSSELL, SURGEON.

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CASE 92.—Referred by Drs. Duncan, of Harrison, Ohio. Patient a man of forty years old, of very stout build, weighing about 200 pounds, a butcher by occupation, had become completely incapacitated on account of vesicle pain. The patient was placed in the Seton Hospital and properly prepared for operation. Upon sounding for the lith, it seemed to be of such enormous size that I at once determined dealing with the same by the left lateral perineal incision; and I believe the success of the operation, as the outcome has proved, was due to this method of dealing with extremely large and hard liths. This one was two and one-half inches in the long diameter, and one and a half inches in the short diameter; and it required all the power I could exert with a Bigelow lithotrite, and even at that it crushed off laterally fragments, until the size was sufficiently reduced to grasp it with strong-jawed forceps and crush.

The patient made an uneventful recovery in twenty-one days. His condition had been bad for over a year.

CASE 93—Mrs. N., referred to the clinic by Professor Watkins. Patient about fifty years of age, greatly emaciated, and had a history of continual vomiting for many months, and for the last few days nothing remained within the stomach. The patient was conditioned for the operation; and assisted by Prof. Watkins, I did a laparotomy, and found adhesions at the pyloric orifice of the stomach, suggestive of Billroth's carcinoma; although there was much doubt in regard to the true condition, and we were content to deal with the case by massaging the hardened mass, until it became perfectly soft and patulous; and the blood vessels to the immediate parts were crushed, so as to delay any congested condition following the operation.

We found also a lesion of the appendix, and a large quantity of peritoneal effusion. The appendix was removed, and the peritoneal effusion thoroughly sponged out with gauze pads out of normal salt water solution. The patient was very little shocked; and we think will be greatly benefited, and possibly restored to health without further procedure.



## EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTE, M. D.

### INFECTED ULCERS OF THE NASAL CAVITIES.

**TUBERCULAR ULCERS (Lupoid).**—In the nasal tissues, tuberculosis is uncommon. When it does occur, any of the structures may be the site of the lesion, but the septum appears to be the preference. In the simple tubercular ulcer, it is whitish gray, shallow, outline irregular, and at times it is difficult to determine where the infection stops and healthy membrane commences. The miliary tubercles which have not broken down can often be seen near the periphery of the ulcer in the early stages. There is a tendency to hemorrhage. The surface of the ulcer is often crusted with discolored mucus.

**TREATMENT.**—When possible the infected area should be removed, either by the knife or cautery. The traumatism is generally treated with 50 per cent Lactic acid, and then covered with compound stearate of zinc with salicylic acid, mild. Aristol may also be used. Iodoform is employed, but on account of the odor is usually objected to by the patient. Internally the treatment should be the same as employed for general tuberculosis.

**SYPHILITIC ULCERS.**—In the nasal fossae we may have the initial sore, or any of the manifestations even to necrosis. Chancre of the nose is not often seen. It may present a granular appearance, or be hard and cartilaginous with an ulcerating surface. The symptoms are hemorrhage, stenosis, and when located on the alæ, deformity. The mucous patch in the nose is not liable to produce any subjective symptoms. The lesion is similar to the patches in the mouth.

Superficial ulcer is infrequently seen. It is usually on the septum, but may be located on the turbinates, or floor of the nose. The edges of the ulcer are quite well defined, while the mucous membrane surrounding the lesion is normal in appearance. There is a slight depression in the center of the ulcer. A thick, stringy, yellowish-gray muco-pus covers the surface of the ulcer. When this is removed the surface presents a grayish pink color. The ulcerative area is but slightly sensitive to touch but bleeds easily. There is but slight tendency to extension.

The deep ulcer with bony necrosis is the result of the gummy deposit, and as a rule does not appear until ten or fifteen years after the initial sore. The septum is most frequently affected,

and is more amenable to treatment than when affecting the turbinates, where the process assumes a more chronic type, with more extensive destruction of tissue, through extension into the subjacent tissues. These ulcers seldom extend beyond the posterior nares.

**LEPROUS ULCERS.**—Generally caused by extension of the disease from the alæ. When ulceration of the nodules occurs, the odor of the sanious, watery discharge is very offensive. Perforation of the triangular cartilage, and total destruction of the same as well as of the alæ, may occur in aggravated cases. The appearances have been described.

**GLANDERS.**—In a few days after the onset of systemic symptoms, there is a glairy, thick, fetid, deep yellow discharge, which is streaked with blood. The nodules, singly or in groups, are small at first but rapidly increase in size. They are colorless in the early stages, then red, and finally yellowish, resembling pustules. Ulcerative tendencies are marked with but a slight disposition to heal. The accessory sinuses may be affected. The diagnosis can only be determined by the systemic condition and history.

**DIPHTHERITIC ULCERS.**—Nasal diphtheria may be primary, or secondary by extension. The peculiar grayish membrane, and acrid, irritating, brown ichorous discharge are characteristic of the nasal lesion. The ulceration is similar to that found elsewhere in this disease.

**CROUPOUS OR FIBRINOUS ULCERATION—CHRONIC.**—In persons where there is defective nutrition, a chronic membranous condition may affect the nasal tissues. The cause is obscure. Ulceration may occur, probably as the result of combined local infection and impaired nutrition.

Ulcers in measles, rheumatism, scarlet fever, small-pox, typhoid fever and typhus fever.—The mucuous tissue and sometimes the bones and cartilages may be involved in ulceration, the result of the above named diseases. Perforation of the septum may occur, and obliteration of the nostrils has been reported in small-pox. There are no characteristic peculiarities about the ulcers occurring in these diseases, but nasal manifestations should be noted. In typhoid fever, on account of the subnormal state of the system, the ulcerative process may be so extensive, that the cartilage and bony structures may all be destroyed, causing considerable deformity of the nose.

**TENON'S CAPSULE.**

This is a part of the orbital cavity that sufficient stress is not always laid upon from an anatomical standpoint. Where this has been done, practically all has, for the other branches follow naturally. It is important to the medical practitioner, general surgeon and specialist as well. The knowledge of its existence and composition is alone a great help, its anatomical points and physiological function of great importance. Without one or all of these, no common sense medical or surgical treatment can be undertaken. A careful study, therefore, of Tenon's Capsule will show us where it can be medically and surgically concerned.

To begin with, it is a closed sac lined internally with endothelium, forming a lymph space, diminishing friction and belonging to the family of serous membranes. Like these it is subject to the ills that they are heir to, particularly inflammation and generally of rheumatic origin. How many ever think of this when there is pain in the region of the eyeballs, aggravated by movement? Not knowing the primary points you would not expect them to prescribe an anti-rheumatic treatment. General surgeons, especially in the country, are called upon to remove destroyed eyeballs, and unless they preserve the capsules what movement will be found in the stump and artificial eye.

Specialists, making a special study of these parts, know all these points, and if they were the only ones to handle these cases, would be the only ones necessary to be well informed.

Tenon's Capsule is one of the most important closed sacs in the body, diminishing friction, supporting the globe, and limiting the actions of the muscles. It surrounds the posterior 5-6 of the sclerotic, sending prolongations over and around the optic nerve and ocular muscles blending with their sheaths.

It separates the globe from the fat, etc., in the posterior half of the orbit, virtually forming a septum between the globe in front and orbital contents behind, being pierced only by the optic nerve and ocular tendon. It forms a special socket for the eye-ball, one surface being loosely connected by areolar tissue to the sclerotic. In order to reach their insertions the tendons pass through the capsule, receiving an investment from it at a point opposite the equator of the globe, runs forward to their insertion then doubles on itself, runs back to and is continuous with the sheaths of the muscles. In consequence of this, the muscles do not contract to their limit on division.

In this way they still act on the globe. Even after enucleation the muscles still furnish motion to the stump and artificial eye through their holds on the capsule.

In addition prolongations pass from the sheaths of the recti to the walls of the orbit immediately behind its margin, becoming continuous with the orbital periosteum.

The external and internal of these bands are best developed, called check ligaments, from their action in checking excessive external and internal rotation of the globe.

Together with that part of the capsule beneath the globe they have been called Lockwood's suspensory ligament, for they suspend the globe as in a hammock. Preserving this in removal of the superior maxillary prevents sinking of the eyeball.

The superior band connects not only the superior rectus with the orbit but with the levator palpebrarum as well. Hence their contraction is not entirely independent, one assisting the other, the elevation of the eye and lid being intimately associated.

The various attachments of tendons to orbit by capsular bands have the following practical consequences: 1, muscles do not retract far in division; 2, muscles are held away from globes, preventing compression when acting; 3, on account of the bands running obliquely forward from the recti to the orbit, these muscles do not retract the globe and do not overpower the weaker oblique muscles, which act weakly as protrusors. So we find the Tenon's Capsule an important feature of our anatomy well worth studying and remembering.—*Pacific Medical Journal*.

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## PERISCOPE.

### HEART AFFECTIONS IN SCARLET FEVER.

Schmoltz (*Munchener Med. Wochenschrift*, 1904, p. 1417) states, while the cardiac lesions in diphtheria have been carefully studied, those occurring during and after scarlet fever have been more or less overlooked, owing probably to the infrequency of such serious and tragical results as follow diphtheria. In a study of 191 cases of scarlet fever, Schmoltz, of Dresden, found that about 35 per cent. showed signs of some circulatory disturbance. In the beginning of the attack the pulse is always rapid. This does not indicate any cardiac derangement. Indeed, later evidence of cardiac lesion is about as likely to appear in cases which at this period show a slow pulse as in those cases with marked acceleration. Of greater importance is the rate of the pulse at subsequent periods. When the temperature falls, the pulse, as a rule, returns to the normal rate, but variations are observed. In such cases the rate becomes

much diminished, while the temperature is still elevated. Pulses of from 55 to 58 beats a minute are not uncommon, and occasionally the pulse rate falls suddenly to from 20 to 40 beats, so that one may speak of a pulse crisis. This crisis may occur several days after the temperature has reached the normal point; in other cases it falls more gradually. Especially notable at this stage is the instability of the heart's action; daily variations of 20 and more beats may occur. In other cases the pulse rate remains high after the temperature has become normal.

Such irregularities may be transient, no further symptoms of circulatory derangement following, but when marked they are usually the precursors of more serious manifestations. The pulse after dropping to normal with the temperature may remain there for several days and then suddenly rise to 130 or more, persisting at this rate with wide daily variations for several weeks. This rise, in what Schmoltz terms the tertiary period, always indicates some cardiac lesion. During the early stages of the disease the first heart sounds often show some impurity, or a systolic murmur, which commonly vanishes in a few days, but in some cases becomes more marked as the temperature falls, while other symptoms arise which leave no doubt as to the presence of a heart lesion. More often murmur develops at the end of the first or during the second stage; not infrequently they appear later. Their character is various, at times blowing, at times harsh and humming; no diagnostic importance can be attached to these differences. They are almost always systolic in time, sometimes louder at the apex, sometimes at the base.

Such murmurs are usually accompanied by an accentuated second pulmonic sound. The second pulmonic may be accentuated before the development of a murmur or without a murmur; in these cases it is usually associated with an irregular or a rapid pulse. Such changes may be present with no alteration in the area of cardiac dullness or in the position of the apex beat, but frequently there is an enlargement to the left and often also to the right and upward, while the point of maximum impulse moves outward. In 14 per cent. of his cases Schmoltz observed an increase in the area of dullness; in some of these no murmur developed. It is important to note that such dilatation may be referred to the period of convalescence, when it may follow some unusual exertion. Schmoltz finds that dilatation sets in most frequently toward the end of or after the febrile period, sometimes after a considerable time. While irregularity of the pulse is usual in these cases, it may be absent, as in diphtheria, even in cases with most marked dilatation.

Practically no subjective symptoms accompany these lesions as long as the child remains in bed, though there may be palpitation and a little dyspnea. The temperature remains normal or is but slightly elevated. Cardiac complications are not much more frequent after the more severe attacks of scarlet fever with marked involvement of the throat than after milder cases, and some of the gravest cardiac lesions follow very mild attacks, with uncomplicated convalescence. As rheumatic pains are very common in scarlet fever, Heubner has referred both joint and heart lesions to a rheumatic infection. Schmoltz, on the other hand, finds that cardiac lesions are no more frequent among the cases with arthritic pain than in the instances without these symptoms. He believes the two complications bear no further relation to one another than that of a common cause. Hearts damaged before the onset of the infection bear the brunt of the attack well. Of 27 cases showing, on admission, a slight mitral insufficiency, 17 passed through the illness without apparent damage to the heart; in 5 cases there was transient arrhythmia or an unusually rapid pulse in the latter part of the disease; in 3 slight dilatation was made out.

The ultimate outcome of cases with these cardiac manifestations varies. In a large proportion all the symptoms disappear. In 29 cases of this series, however, changes persisted on discharge. In 19 of these cases and 5 more which, on discharge, showed no abnormalities, he was able to observe subsequently. In 18 abnormal cardiac conditions were found. In 16 signs of a definite mitral insufficiency, systolic murmur, accentuated second pulmonic, and in some fairly well-marked cardiac enlargement. In the other two cases a systolic murmur alone was found. In 6 cases the heart seemed normal. Of the 18 affected, 5 had become worse after discharge. These displayed during their illness some circulatory disturbance, but on discharge were quite free from unusual signs. Three cases had improved after discharge, the symptoms then present having cleared up. Of the 16 cases with persistent cardiac lesions, in 13 over six months had elapsed since the attack, in 4 one year, and in 2 over five years.

These heart affections were all formerly referred to an endocarditis, but since Romberg's paper the importance of the myocardial changes has been more generally recognized. Endocarditis is a very rare incident in scarlet fever. In a review of 30 autopsies the author could find only 3 showing slight changes in the valves. Myocarditis is, on the other hand, very common,

and there can be little doubt that most of the symptoms are referable to this lesion. Why the signs of a mitral insufficiency should so frequently persist may be variously explained. It is now well known that a relative insufficiency, lasting indefinitely, may depend upon changes in the heart muscle.

The heart in scarlet fever should be carefully watched, not only during the disease, but also in convalescence. Grave results may follow too early strain. When cardiac complications arise, the one important point in the treatment is to insist upon prolonged rest in bed.—*American Journal Medical Sciences.*

#### TREATMENT OF CHRONIC BRIGHT'S DISEASE.

Rovsing (*Centralblatt fur Chir.*) states that in a previous publication Edebohls has misquoted some statements and attributed them to him, and with a view of clearing up the facts it becomes necessary to again go into the question in detail. Edebohls has stated that, in his opinion, there should be total extirpation of the membrana propria if the kidney and its capsule are either partially or totally diseased, so that there may be union between the surface of the kidney and its surrounding fat capsules.

Rovsing entirely disagrees with this view, for the reason that when this is done the kidney becomes embedded in a mass of newly formed connective tissue which, when new, guarantees an ample supply of blood, but later these adhesions of necessity retract and atrophy, and, as a result, the blood supply to the kidney is distinctly impaired and the kidney consequently undergoes atrophy. In Rovsing's opinion capsulectomy is only indicated in those cases where the kidney is either partially or totally bound down by adhesions, or if the kidney be tense and markedly swollen, or the membrana propria is distended by cysts. Such a condition is more often found in those cases where there is either a nephritis complicated by infection, or in nephrolithiasis, or in those cases which may be described under the name of curative aseptic interstitial nephritis and perinephritis, and which may be recognized by pain in the region of the kidney, and in which pain rarely may be accompanied by hematuria. The pain in these cases is due to an irritation of the membrana propria, which is supplied by large numbers of sensitive nerve filaments. In Rovsing's judgment operation is only indicated in cases of nephritis dolorosa. In those cases where marked toxic conditions exist operation is not only not indicated, but in the majority of instances is extremely dangerous. In opposition to

these views Edebohls has taken the stand that in every case of chronic Bright's disease, no matter in what condition it may be, both kidneys should be subjected to decapsulation.

Rovsing insists that, in his judgment, this is so grave an error as to require emphatic protest from the surgical as well as the medical point of view. It may be laid down as a broad, general rule that each must be considered upon its merits, and no case should be subjected to operative interference until it has been subjected to the most careful examination. Every case is not a suitable case for operation. It is to be regretted that a search through the literature shows that in the reports on the surgical treatment of Bright's disease no mention is made in many cases that there has been the careful and thorough examination, which should be the invariable rule before subjecting a patient to all the risks of operation. No one has been more to blame for this than Edebohls, as may be clearly seen by a reference to his article in the Medical Record, December 21, 1901; and a further examination of this article will show that out of the eighteen cases not one of them has been subjected to a cystoscopic examination of the bladder with catheterization of the ureters and a subsequent bacteriological examination of the fluid obtained. The history of these cases is also lacking in many things, such as the exact amount of albumin the urine contained, and also the result of a careful microscopic examination of the urine after sedimentation.

The diagnosis in many of these cases would seem to have been obscure, and it appears to have been based upon two points: First, albuminous urine; and, second, inspection of the kidney through the small lumbar incision of Simon; but when one considers how often the floating kidney is complicated by albuminous urine from purely mechanical or infectious conditions, besides in many cases being found to be either atrophied or swollen, or the membrana propria adherent by reason of traumatism, it makes one extremely doubtful in the view of these facts as to whether or not a correct diagnosis had been arrived at in all of the cases which Edebohls subjected to operation; and this skepticism becomes of necessity more marked when one becomes aware of the fact that Edebohls reports that in nine out of these sixteen cases the other kidney was absolutely healthy, the Bright's disease being merely confined to the one side; and the subsequent note that immediately after the kidney was sutured the albumin disappeared. Of the eight patients who Edebohls reports as cured, in seven of the cases only one kidney was affected.



There is only one conclusion that can be reached in view of these facts, and that is that the albuminuria has been due simply to the undue motility of the kidney, and this has been relieved by suturing the kidney in its proper position in the loin. In only two of the cases was decapsulation performed. Neither of these patients had Bright's disease, and the result was that one of them died and the other is reported as not cured. It is of interest to see Edebohls' future report upon this subject. In the Medical Record for March 28, 1903, he notes that at the end of the year 1902 he had operated upon not less than fifty-two cases of chronic Bright's disease, and that of these cases, eleven died and not a single one was cured.

It would, therefore, seem perfectly proper after due consideration to intimate that Edebohls has not given to the profession a single shadow of proof that chronic Bright's disease can be cured by operative interference. Out of ten cases of chronic Bright's disease which Rovsing treated by decapsulation, there is not a single case in which a cure has been the result, and commonsense would seem to show that when one considers the pathology of the disease operative interference will be of no avail. Too much stress can not be laid upon the fact that in Rovsing's judgment operative interference is absolutely contraindicated, except in those rare cases of chronic Bright's disease which are accompanied by severe kidney pain; and also in those cases of nephritis which are either traumatic, infectious or dependent upon the irritation of uric acid for their origin. Therefore, it is absolutely essential that every case should be subjected to a most prolonged examination, in order that the etiology of the nephritis may be clearly determined before any operation is decided upon. Too much stress can not be laid upon the great importance of this careful early examination, which should include microscopic and bacteriological examination of the urine obtained by cathetrization of the ureters.—*Amer. Journal Medical Sciences.*

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#### HERPES ZOSTER IN CROUPOUS PNEUMONIA.

Dr. Riehl (*Munch. Med. Woch.*) states that in 481 cases of croupous pneumonia herpes was noted in 129 cases, or 26.82 per cent. This is a little below the figure usually quoted, Drasche giving 40 per cent.; Metzger, 43.2 per cent.; Smaler, 32 per cent. Of the 129 cases, ninety-nine were males and thirty females. The occurrence of herpes is most common in robust

patients in the second and third decades, and notably infrequent in the very young and very old. Following the usual rule the eruption occurred most often on the third, fourth and fifth day of the disease, followed soon after (two to four days) by the crisis; not infrequently, however, it appeared on the second, or was delayed until the ninth or tenth day, and in one instance it appeared on the twenty-sixth. Recurrence of the eruption during convalescence, as was reported by Bleules in nine cases, was not noted by Riehl. The pneumonia proved fatal in seventy out of 481 patients, and of these seventy only six had an eruption of herpes. This distinctly emphasizes the favorable prognostic significance of the eruption, a significance previously insisted upon by many observers. Herpes is most usually abundantly developed in the mildest cases of pneumonia.

The figures in reference to the distribution of the herpes are interesting enough to quote in full. In 88.36 per cent. of the cases the eruption occurred in the region of the distribution of the second or third branches of the trigeminus. The upper lip was involved in 25 cases; upper and lower lip, 24; upper lip and angle of the mouth, 1; upper lip and nose, 7; upper lip, under lip and nose, 3; upper lip, angle of mouth and nose, 2; upper lip and chin, 1; upper lip, under lip, and chin, 1; lower lip, 16; lower lip and angle of mouth, 4; lower lip and nose, 2; nose and nasal septum, 15; angle of mouth, 8; angle of mouth and chin, 1. The eruption occurred on the same side as the pneumonia twelve times; on the opposite side twelve times. In 46 cases of right-sided and 39 cases of left-sided pneumonia, it was localized on both sides; in 17 cases of double pneumonia it occurred three times on the right side, three times on the left side, and eleven times on both sides. As unusual localizations, herpes may be mentioned on the tip of the tongue, once; on the ear, three times; on the forehead, twice; and on the upper eyelids, twice.—*American Journal Medical Sciences.*

#### THE ALBUMINURIA OF PREGNANCY.

In the *American Journal of Obstetrics*, September, 1904, Little gives the results of the examination of the urine in pregnant patients in the obstetric wards of the John Hopkins Hospital. Although the records of 960 cases were available, they were not considered sufficiently exact for purpose of investigation. The urine was examined in 100 consecutive cases in the most minute and painstaking manner and the results are stated.

In catheterized specimens of urine from one-half of all pregnant women, equally in primiparae and multiparae, albumin is found. In urine which is voided, albumin is more frequent in the cases of multiparae. Casts are more often found in the urine of multiparae. Labor produces a decided increase in albumin alone and casts and albumin especially in primiparae. The increased blood pressure and muscular contraction of labor account for this. Casts without albumin are often found during pregnancy, labor, and the puerperal state. In the puerperal state, albumin and casts occur less frequently than in pregnancy. In no case was albumin present during pregnancy and absent at the time of labor, while casts during pregnancy and absent at the time of labor were found in only three cases. Two-thirds of the cases which showed casts at the time of labor had albuminuria during pregnancy.

As regards the pathological conditions attended by the presence of albumin, it was found in 25 cases of eclampsia and 9 cases of threatened eclampsia. When eclampsia occurred, casts were present in 22 out of 23 cases. Pernicious nausea showed much albumin and many casts. During the puerperal period, albumin and casts persisted longest in those cases in which they had been found during pregnancy. Albuminuria was present in 4 cases of abortion, 2 from syphilis, 1 from typhoid fever, and 1 from chronic nephritis. Albuminuria without complications did not, in any case, produce abortion. Nausea and vomiting were present in 20 per cent. of primiparae and 33 1-3 per cent. of multiparae who at some time had albuminuria. Edema was present in one-third of these cases.

So far as the association of albuminuria with renal disease is concerned, it is pointed out that the albuminuria of pregnancy is the result of toxæmia and not of a true nephritis. The kidney of pregnancy is the result of a degenerative process, resulting from the circulation of blood laden with toxins through the kidney.—*American Journal of Medical Science.*

#### **SODIUM BIBORATE IN EPILEPSY.**

Dr. F. Hoppe finds that in certain epileptics the bromides do not yield good results, and are not well borne, because of complications, such as renal insufficiency, circulatory disturbances, or digestive disorders, especially hyperchlorhydria. In such cases he uses borax, and to twelve patients he has given from fifteen to forty-five grains a day. From his results he concludes that borax is unquestionably contra-indicated where any insufficiency of the organs of elimination is present.

**THE BLADDER AND ITS DISORDERS DURING THE PUERPERAL PERIOD.**

In the *Monatschrift für Geburtshilfe und Gynakologie*, Ruge contributes an interesting paper upon this subject.

Writers have formerly ascribed most disturbances in the bladder after labor to overdistention. Some have given abdominal pressure undue importance. His researches lead him to believe that the mechanism of labor is such in all cases where the child is delivered through the vagina, that strong pressure is brought to bear upon the bladder at the neck and trigonum, and that this pressure causes lesions which produce characteristic results. The longer the labor, the greater the pressure. The proportionate size of the head and pelvis, the length of time that the head is in the pelvis and especially the length of time that the head remains upon the pelvic floor are important factors. The longer the expulsive stage of labor, the greater the danger of injury to the bladder.

The anatomy of the bladder is such as to produce the characteristic lesion described as bullous oedema. In other cases oedema of the bladder wall is frequently found. Areas of darkened color with swelling of the mucous membrane are observed by the cystoscope and persist from four to six weeks after the birth of the child.

Hemorrhage may also occur from the sphincter of the bladder to the posterior wall. Such hemorrhage is beneath the epithelium, its areas of various shapes. The color changes during the process of recovery.

When his cases are reviewed, it is found that lesions of the bladder are not confined to those cases of labor terminated by difficult obstetric operations. Pelvic contraction was not present in these cases. Where injuries were but slight, no symptoms were present; where they were severe, the patient had retention of urine or painful micturition. Changes in the urine were present, dependent upon the altered condition of the mucous membrane of the bladder. The bladder was especially liable to infection and hence the utmost precaution in the use of the catheter was imperative. Lesions of the ureters and urethra, similar to those found in the bladder, were also observed.—*American Journal of Medical Science*.

## Eclectic Medical Journal.

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### THE NATIONAL.

The thirty-fifth annual convention of the National Eclectic Medical Association was held at Saratoga Springs, N. Y., June 27, 28 and 29, 1905. The session was called to order at 10 a. m. Tuesday, by President Kinnett. Prayer was offered by Rev. E. T. Hiscox. The address of welcome by Mayor McNulty, was responded to by Dr. Alexander Wilder.

Dr. Kinnett then delivered his annual address, followed by encouraging reports from the Secretary and Treasurer. The usual committees were appointed, all of which attended to their duties promptly and efficiently.

The Committee of Arrangements, under the chairmanship of Dr. E. H. King, of Saratoga Springs, deserved and received the hearty thanks of all the members and visitors present. Among the enjoyable features, the result of their care, we might mention that Tuesday afternoon a trolley ride was given to Lake George, about twenty miles north, in the foot hills of the Adirondacks, where a pleasure boat took the entire party a sail over that beautiful lake.

Wednesday evening a *musical* was given in the large convention hall of the Grand Union Hotel, followed by a reception, which was very enjoyable. The program embraced an excellent selection of songs which were rendered by Miss Toms and Mr. Franklin, who were encored repeatedly. The violin solo by Mr. Barnum delighted one and all. Mrs. Boskowitz was the accompanist for the entire program, and served to make the evening one of hearty enjoyment and long to be remembered. The musical numbers were very excellently rendered and heartily received.

Nearly two hundred members were in attendance at the convention and almost three hundred registered, including visitors

and ladies. Possibly the section work was hardly up to the general average, as concerns the amount or character of the work done. This was probably due, to a certain extent, to the simultaneous holding of two sessions and to the diversion occasioned by the many points of general interest in and about Saratoga, which naturally attracted the members from the meeting and took their time. Most interesting and instructive papers were read and discussed in the department of Medicine, Materia Medica, Pediatrics, and other sections.

The N. Y. Pharmaceutical Society was in annual session at another hotel, and Committees from each Association conveyed messages of greeting which were cordially received. . .

Dr. Hathcock, of Georgia, was chosen President of the National Confederation of Eclectic Medical Colleges, and Dr. Wilmeth, Vice President.

Twenty-three states were represented in the Electoral College, the following officers being nominated for 1905-6: President, J. Paul Harvill, M. D., Nashville, Tenn.; 1st Vice President, Geo. W. Thompson, M. D., New York City; 2d Vice President, H. H. Brockman, M. D., Eldon, Mo.; 3d Vice President, Lillian Bullock, M. D., Manchester N. H.; Recording Secretary, F. Ellingwood, M. D., Chicago, Ill.; Corresponding Secretary, H. H. Helbing M. D., St. Louis, Mo.; Treasurer, B. K. Jones, M. D., Kenton, Ohio. Next place of meeting, Hotel Victory, Put-in-Bay (Lake Erie), Ohio, the last week in June, 1906.

Taken all in all, the meeting at Saratoga was a decided success; The Eastern members showed their hospitality and their interest by both their efforts and the large delegations; whilst the West and South, in view of the efforts made to rush every one to St. Louis last year, did as well as could have been expected.

SCUDDER.

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### THE PERIOD OF UTERO-GESTATION.

That much of the unpleasantness and discomfort of gestation, as well as the numerous features, factors, and complications of difficult labor may be greatly modified, if not altogether eradicated in many cases, by carefully looking after the general condition and hygiene of the woman, during the period of uterogestation, is, in our judgment, beyond question or doubt.

The woman usually makes her condition known to her physician early in gestation, or some months before the end of term. A very good plan, observed by many women, and one to be en-

couraged, is to seek a consultation as soon as she is satisfied that pregnancy exists, engaging her physician at this time. He will thus have her under observation from near the beginning of gestation to the period of parturition, and by advising with her from time to time, noting her condition and general development, may be able frequently to anticipate various unpleasant symptoms, as well as prevent the onset later, or of complications that might interfere with a normal lying-in and uneventful getting up.

Every physician should keep an obstetrical record, properly ruled for the convenience of such cases. Here the name of the patient, and probable time of confinement, should be noted, together with the manifestation of any unusual symptom during gestation, medicines prescribed, with results, etc. Later the general features of parturition should be recorded, presentation, position, duration, sex, etc. and finally the peculiarities of the puerperum. All of this will repay the trouble it takes many times, and will not only prove of interest, but a great convenience in years to come, as a reference.

In addition to meeting the specific indications for remedies during gestation, as well as allaying any special or unusual condition that may manifest itself, there are several lines along which the woman should be advised particularly, and which she should heed, in every case. Food or diet is an essential that should not be overlooked. Care in this particular often allays the nausea, vomiting, and headache often complained of early in gestation. Articles that are easily digested, assimilate readily and especially nutritious, should be advised. The simple, plain food serves the best purpose avoiding highly seasoned, stimulating diet as well as rich pastries. The wishes and desires of the patient may be consulted within certain limits, or so long as they do not prove injurious.

Constipation is usually present to some extent in most instances; care and regularity are of the greatest importance in this function. Agents that will stimulate normal intestinal peristalsis must be advised. Citrate of magnesium is pleasant and agreeable to administer, and often if prescribed in broken doses every few days, will prove satisfactory. The bottled mineral waters are preferred by some. Satisfactory results following the administration as need be of Hunyadi, Pleuto or Rubinet waters. Moderate indulgence in fresh or stewed fruits is also often serviceable.

Another essential to the welfare of the woman, and one that

is too often overlooked, is judicious exercise. The habits should not be too sedentary, neither should one exercise too actively or violently. Walking or driving, light physical exertion, avoiding jolting, jarring or exhaustion. Usually following moderate, and healthful out-door exercise, rest which is also equally essential, comes as a natural consequence.

Another matter of importance that must not be overlooked is the clothing, and its proper adjustment. First of all, it should be selected with due regard to comfort and warmth of body; also it is just as important to adjust it so as to prevent weight and pressure on the gradually developing uterus and pelvic viscera. The skirts should thus be supported from either the shoulders or waist, and not, as is so frequently the case, supported from the hips. Corsets should be worn loosely if at all and if worn after quickening, should be of the abdominal variety in which the pelvic organs are supported.

Kidney function should be carefully noted; nothing should be taken for granted, but in every case the urine should be carefully analyzed once a month up to the time of quickening. After this period once each week. In order to be accurate and arrive at definite conclusions, a sample should be taken from the entire amount voided in a given 24 hours.

To place the woman in still better condition for labor, in addition to what has already been suggested, we begin the administration of either Sp. Med. Mitchella or Parturient Balsam early in the 8th month. At the time of labor dilatation will be facilitated, the pains of the second stage increased in force and frequency, and the labor considerably shortened in most instances. Likewise a rapid and uniform process of involution follows.

WINTERMUTE.

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#### CONCERNING SALT.

“A leading authority says that the excessive use of table salt which always goes hand in hand with consumption of flesh food, cannot be too severely condemned. He claims that there is enough sodium and chlorine contained in natural foods, especially fruits and vegetables, so that we can dispense entirely with the inorganic salt, whose physiological properties are quite different from the sodium chloride contained in the blood.”—*San Francisco & Pacific Druggist*, May, 1905.

The above paragraph can be utilized for a text to call attention to one or two facts out of the many that might be employed as reasonings in the direction of the subject introduced. To be-



gin with we have more than once referred to the fact that although inorganic salts are to be obtained from vitalized structures these structures do not contain the inorganic salts in the form the chemist obtains and describes them. For example, the principle source of potash, until its discovery in the underground German waters, was from the ashes of wood. Thousands of tons of potash have been made by the destruction of wood, and yet potash does not exist in wood, as potash, but as a component part of the structure of the wood. The combustion of wood dissipates the volatile material and produces the ash, which, largely a potash compound, is not volatile. This potassium product as finally obtained is a something that did not exist in the woody material before it was destroyed by the fire. To a degree, the same may be said of all vegetable substances that yield sodium chloride, although in many directions, sodium chloride exists in vegetable structures as sodium chloride. For example, the well known "salt-grass" of California, contains so much sodium chloride (common salt) as to be salty to the taste, and, likewise, certain animal structures, as for example, blood, will give a salty taste. And yet, seaweed and other vegetable structures, washed until free from sodium chloride, yield sodium carbonate and oxide in their ash.

It is not wise to attempt to draw too universal a rule from a fact or two that has been observed. In this arises the weakness of the faddist, and from this direction comes the wrong the faddist does, when he takes a fact, that is a fact in a limited or restricted degree, and attempts to apply it broadly in all directions. Admit, for example, that both sodium and chlorine exist in natural foods, and that some persons can without injury dispense with the use of free salt. Admit this, and the isolated fact, or a few others similar thereto, does not prove that all persons are so constituted, or that salt is not useful, even necessary, to others. Nor yet does it show that a deficient amount of salt with some persons may not be an excessive amount with others. In our opinion, such fads as our text introduces, based on such arguments as it embodies, may do an incalculable amount of harm, if presented broadly to one-sided persons who need but a mind touch such as this, to create illogical theories to be at once established in their own practice, and forced on their friends.

We can give the author of the above named text a fact that might be utilized more strongly to show that salt is unnecessary than the one presented by him. It is as follows:

The South Sea Island natives of Samoa, are perfect specimens of physical manhood and womanhood, but they do not use salt at all. They eat everything perfectly fresh, fish as well as vegetables, and have done so from time immemorial. And yet these people, when uncorrupted by European methods and so-called manners of civilization, are typical of all that goes to make a perfect man and woman, both physically and morally. It is related by these man-eating people, for they are cannibal descendants, that during the cannibal period of their record, objection was made to the eating of the whites, by reason of the fact that the flesh of Europeans was too salty to be palatable. The whites were called by them "long hogs," (the Samoan name for Europeans), and the "long hog" was eaten under protest, because of the saltiness of his flesh. The Samoans claim that this salty nature is not true of the flesh of the natives of the South Sea Islands, and this seems probable from their methods of living. The facts we have given are on the authority of Mr. C. G. Lloyd and Mr. J. T. Lloyd, whose scientific excursions led them into these islands and among these people. Might they not be used by faddists to show that people should eat fresh human flesh and not use salty food?

But the facts are, that either as an inheritance from the past, or from a habit of the present, inculcated from childhood, other nations, and among these all that are called civilized, consume and use salt in their food, and suffer in their health without it. The same is true of animals, (1), a fact that needs no argumentative support. Grant that an animal can exist without salt, we believe it can live better with it. (2) If a human can exist without salt, might he not do better with salt, provided, of course, the use of salt is not carried to extremes. It is the abuse and not the use of special foods and drinks that curse and torture humanity, and lead to the ills of dissipation and drug abuse. A nation long trained without salt cannot be taken as a pattern for a nation inured from time immemorial to the use of salt. Nor can the fact that foods, such as vegetables, contain the elements that go to make up salt in quantities sufficient to furnish the amount of salt found in the blood and tissue, be taken as a criterion to prohibit the use of free salt, as a part of the food of

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(1) Somewhere we have read of a farmer who did not "salt" his cattle. But his experience is not corroborated by the evidence of others.

(2) It is related that one of the methods of Chinese torture is that of feeding the prisoner an abundance of food perfectly free from salt. The torture is said to be intense, a disease like scurvy follows, and ultimately death.

man. But the faddist, like the poor, must seemingly be forever among us and possibly an anti-salt fad is less harmful than some vicious craze that otherwise would possess the faddist.

LLOYD.

### THE MILK FALLACY.

The value of milk as an article of diet, both in health and disease, has been largely overestimated, for although milk fulfills all the food requirements in infancy, in adult life this fluid is often unfit and harmful. Indeed, in the light of modern investigation, milk appears to do more harm than good and could be entirely eliminated from the dietary with much advantage. As a diet for the sick, milk has many disadvantages; in fact, in some cases, the unpleasant symptoms following its administration are so pronounced that it must be discontinued at once. As a culture fluid for germs of many kinds, milk cannot be excelled. Freudenreich shows by his experiments, the peculiar fitness of milk as a germ culture medium. On inspection of a sample of milk from the milkman's can, 9,300 germs were found in 1 c. c.; three hours later, at 35 degrees C., 39,000; six hours later, 12,000,000; and in twenty-four hours, 50,000,000 bacteria developed. Naturally the food value of milk is lessened by the presence of these micro-organisms for they produce, by fermentation, lactic and butyric acid, and by putrefaction tyrotoxicon is developed. All milk in its natural state contains germs which not only multiply and increase the longer the fluid stands, but even continue to grow when introduced into the stomach, and such milk provides a good culture medium for bacteria already in the intestinal tract.

The death of germs in milk and the prevention of the harmful effects may be brought about by pasteurization, and this procedure should be carried out immediately after milking. But even sterilized or pasteurized milk is not an ideal food, and has a very small nutritive value in comparison with its bulk. An absolute milk diet constitutes what might be called a starvation cure, as milk does not contain the relative quantities of proteids, fats and carbohydrates, for the biological co-efficient. An exclusive milk diet will result in a gradual loss of strength without loss of weight. Four litres (about four quarts) of milk, pasteurized, contains about 1,400 calories fats, 720 calories carbohydrates, 480 calories proteids. From this it appears that the fats are excessive, the carbohydrates deficient and the proteids which consist principally of casein, are of doubtful nutritive value because of difficult digestion and defective utilization.

Twelve per cent. of the casein of milk appears undigested in the stools in health, while in disease a much greater per cent., at times even the entire quantity, may be thus lost. When milk is simply coagulated and passed undigested, as is often the case in morbid conditions of the stomach and bowels, the stools are always found swarming with bacteria, mostly non-pathogenic. But the fermentative action of bacteria upon milk products in the intestines causes the formation of gases, flatulence, distention and abdominal distress, with constipation. According to Van Valsah & Nesbit, "A very serious objection to the employment of an exclusive milk diet is the almost constant activity of the stomach as a consequence of its frequent administration. An exclusive milk diet, when digested, demands no very great work of the stomach at one time, but it gives the stomach no rest. A milk diet is contra-indicated in all diseases of the stomach expressed functionally by a notable diminution in the quantity of hydro chloric acid secreted. Consequently in all cases of chronic asthenic gastritis, and in many cases of acute gastritis, milk should be prohibited. It is the worst possible food in carcinoma with retention. Milk should be prohibited in all diseases of the stomach accompanied by retention. A milk diet is often curative in prolonged digestion due to excessive secretion, but in all forms of motor insufficiency, milk must be forbidden whenever it undergoes or produces fermentation. But even when suited to the stomach, a milk diet may be contra-indicated by its action on the intestines and on nutrition. When the bowel is sensitive in its upper third or is myasthenic, or is the theater of active fermentation, a milk diet should not be prescribed. Harm may also be done by prescribing a milk diet when the patient is already weak and emaciated as a result of disease of the digestive tube. There is no diet that requires more careful watching and selection than one of milk. Its indiscriminate and routine employment in the diseases of the stomach gives, in suitable cases good results, but in remaining cases it either does no good or produces serious injury. Milk which gathers germs like molasses gathers flies, milk from filthy cows in dirty stables, odorous with smells of its environments, containing one per cent. of stable dirt, shook up for miles over dirty roads in cans never absolutely clean, sometimes diluted with water still filthier than the milk, is a fluid unfit for food either for sick or well, and there is no article of diet more unsuited for pabulum in typhoid fever than such milk.

WATKINS.

**POST-GRADUATE READING,**

We know of no subject deemed so important in a college course as the study of anatomy, and none so completely abandoned after graduation and running the gauntlet of the state boards. Yet we venture to say that all practicing physicians will concede that without a good foundation in anatomy the superstructure of medical education is of little account and rests on a very insecure basis. We have observed that good anatomists were invariably good practitioners, and surgeons well grounded in that study were the most adept and successful. Occasionally we find a brilliant exception and we suppose he comes under the category of those "born to the art."

That the routine study of anatomy is dry and difficult, we are ever ready to admit, yet the majority of students find it fascinating, and recognize in it the one first necessity to the proper study of medicine. Even the practitioner who lays aside his text-book for use as a rare and occasional reference volume, unconsciously, uses daily the anatomical knowledge he has absorbed in his college course, though he has long since forgotten its technicalities and minutiae, and would find it difficult to pass a state board test. In spite of this we often hear the complaint that he finds little use for anatomy after passing these ordeals, and cannot see why he has been put through such a long and tedious course to the exclusion, as he thinks, of more practical and important subjects. Yet this long preparation was a justifiable means to a proper end.

We believe the physician could profit greatly in many ways by keeping up a post-graduate reading in anatomy. His patrons would be better served, he could follow his surgical reading and journal articles with greater comprehension, and his ever-ready anatomical knowledge would give him a higher standing among his professional fellows, leading to more frequent calls for consultation. The well informed man, with also a practical turn, is never looking for work. He doesn't have to. His worth and value soon become known and he is sought.

Admitting the tedious and dry reading of the text-book on descriptive anatomy, let us recommend to the doctor a systematic course of reading upon applied and topographic anatomy. After his preliminary college course he will find such reading a delightful recreation, using his descriptive books only to clear up points not sufficiently treated of in the special volume. His opportunities are greater than during student days, for he has

abundant clinical material upon which to make his observations. Surface markings will become a pleasure to him as well as a source of great knowledge. Anatomy will be to him a real, live subject. To be able to judge exactly of the position of an organ from the surface, gives a feeling of being master of the art. To detect variations from the normal is not difficult when the normal is known, and this is what the study of applied anatomy will do for the reader of it. Let us hope that these few words will set someone to thinking, and having thought, to purchase one or two of the excellent monographs to be had on this subject, and become an interested and expert anatomist, and thereby a more useful physician and surgeon. FELTER.

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### PSYCHOLOGY.

The importance of mind-manipulation is well understood by all competent physicians. The successful application of psychological principles in sickness involves some of the nicest qualities of finesse, and this includes the ability to prevaricate neatly and effectively. The doctor who is too pious to lie to his patient for that patient's good had better go out of the practice. Sawing wood offers scant opportunity or demand for diplomacy—otherwise therapeutic lying.

An illustration: Not so long ago, I had a rather freshly arrived German girl for a patient. She had been seriously sick and was entering convalescence. All was going well till one day a crow (it was a pet, belonging to the people with whom she lived), flew into her room and settled on the head of her bed for a moment, when it flew out. To the poor girl, this was an omen of the blackest portent—black as the crow itself. She knew she was doomed, and dangerous symptoms set in immediately. I was sent for in a hurry, and the matter was explained to me before I entered the room.

As I approached her bed, she raised her trembling arms and exclaimed, "Ach! Mein Gott, Herr Doctor. Ich—" here she broke into sobs.

Taking her hand in mine sympathetically, I broke into a laugh, which shocked her as I wished, and then I explained to her how enormously the joke was on her. I said: "What a lucky thing it is that you are in America, and not in Germany. In Germany the action of that crow would have meant that you were doomed, of course. In this country it means exactly the reverse." She was a bright, intelligent girl and was a niece of the lady with

whom she was staying, and this lady was an educated and sensible woman, so when I said to the girl, "Now, I know you will get well—you couldn't die to save your life," they all burst into laughter. From that moment the girl began to amend, and she went back to health in a gallop.

Here is an Irish story which finely illustrates the possibility of psychologic applications: A gang of Irish were working in a cut. The bank caved, crippling several and killing one. It became a question as to which of them could best break the sad news to Pat's wife. They selected Mike Hennessey to do this, and the selection was a good one. He went to the humble cabin of the newly-made widow and knocked at the door. When the woman appeared, he asked, "Pfwere's Pat?"

"At worruk in the cut, av coorse," answered she.

"It's a dommed lie!" exclaimed Mike, and then, after a moment, he added, "he's kilt—the bank caved on him."

Here was counter-shock employed effectively. The anger shock he had projected into her measurably counteracted the news shock.

COOPER.

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### GARGLE.

Dorland defines this term as "a throat wash." Appleton's Medical Dictionary says, "A liquid for washing the back part of the mouth and the throat by throwing the head back and expiring through the liquid." The Standard gives as a vt., "To rinse the throat with a liquid agitated by air from the windpipe, and so prevented from passing through the esophagus." As a noun, "Any liquid, especially if medicinal, applied by gargling to the tonsils and upper parts of the throat." These definitions, while they may be correct so far as the original idea of what a gargle was, should now be changed to the following: "A relic of barbarism. A means of self-inflicted torture when voluntarily employed. A method of inflicting inhuman torture on those who are already suffering the tortures of Dante's Inferno." This I honestly believe is a concise and truthful definition.

Have you ever had a pharyngitis or tonsilitis severe enough to cause the beads of perspiration to cover your massive brow at even the thought of making the effort to swallow? If not, you have missed an educational factor that should be of value. If you have, and have been advised to use a gargle or have voluntarily tried the abomination, you doubtless can vividly recall the calm, peaceful sensation of misery experienced, or if you have watched the face of a patient endeavoring to perform the prac-

tically impossible feat of gargling, you will doubtless recall the sweet, beatific expression of countenance both during and immediately following the ordeal.

How many persons can actually get the fluid into or back of the faucial region, even when the tissues are not inflamed? Echo answers, Not many. What is the common sense result of forced action of any inflamed structure? Is it not an increased congestion? What causes the pain in an inflammatory area? Would you expect to relieve this pain by such measures as would increase the congestion or inflammation?

In inflammatory conditions of practically all regions, excepting the oropharynx or pharynx, as nearly absolute rest as possible is advised. Why? In severe inflammations of the tissue of the oropharynx or pharynx, however, for some occult reason, the more the tissues can be irritated the better the average individual is satisfied, and the complacency with which the directions are given for producing the desired results, would be laughable, were it not for the torture of the innocents.

Did it ever occur to you that the use of a concentrated solution, touching the tip of the tongue to the wetted cork or to the mouth of a small vial containing this solution, would give better results than by giving teaspoonful doses or using a gargle? If fearful of the concentrated solution, why not try using a hand atomizer and spray the medicine over the affected region? In neither instance is the patient required to swallow, the congestion is not increased, the discomfort of the patient is not increased, and the case will improve much more rapidly than by the use of the gargle, which never gives relief, or by the employment of a swab, which is a full brother of the gargle.

Tablets should be avoided in these cases as a rule, as remedies must be in solution in order to enter the circulation. Try one of the former two methods in your next case of "sore throat," but do not expect a single application to do the work. FOLTZ.

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### ECHINACEA.

There is probably no new remedy that has grown so rapidly into favor as echinacea. We call it new, because it has been but a few years since it has been introduced to and accepted by the profession. It has been within the writer's professional life

The part used is the root of the *echinacea angustifolia*, nat. ord. Compositae, and is a native of the United States. The order Compositae is a large one, comprising, it is said, about one-



tenth of the flowering plants of the world. In this order we find the *liatris*, *eupatorium*, *erigeron*, *grindelia*, etc., the medicinal action of which differ materially.

The remedy is used both locally and internally. We have used *sp. med. echinacea* and *echafolta*. Of late years we have used the latter almost entirely. The remedy possesses, judging from writers, a wonderfully wide range of usefulness. Personally we have not had experience with it throughout the many conditions in which it is said to be so efficient. Our personal use extends only so far as its antiseptic qualities are concerned, and possibly as an alterative, if you will allow the term. For these purposes we have used it both internally and externally.

In typhoid fever, we value it highly, and have used it for a number of years in this fever. When there is diarrhea, the discharges foul smelling, with tympanites, we prescribe it hourly.

In quinsy, tonsillitis and diphtheria we frequently find indications for it. We have frequently used it in scarlatina, when the angina was marked and accompanied with considerable odor, showing considerable of a diphtheritic nature.

Locally we have applied it to wounds, contused wounds or lacerated wounds presenting an unhealthy appearance, a tendency to suppuration and unhealthy granulations. We have also used it as a local application after amputations when the stump presented an unhealthy appearance. Carbuncles are incised freely and full strength *echafolta* applied. Have lately used it as an injection in gonorrhea with satisfactory results.

The indications for it are: Blood depravation, with a tendency to sepsis or auto-intoxication.

We have not recorded half the conditions in which the remedy has been used, but simply our own experience in the conditions in which we have used it. Dose, 1 to 5 drops. Locally we have used it in such strength as circumstances seemed to warrant, from full strength to every conceivable dilution. MUNDY.

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# SODIUM SALICYLATE

## True, from Natural Wintergreen Oil.

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**I**N perfecting their products from Natural Wintergreen Oil and in demonstrating their therapeutic value, the Merrell Company have won the confidence of the medical profession, and established the fact that **Natural Salicylates** should alone be employed for internal administration; and when **Sodium Salicylate, true**, is specified, it is clearly the desire of the physician that the Merrell product should be used. The only recommendation of other brands is that "they are cheaper in price," and it is such substitution which often convinces the physician that it is necessary for him to dispense his own medicines.

In addition to the powdered and crystalline forms, **Sodium Salicylate, true**, is offered in  $2\frac{1}{2}$  and 5 grain compressed tablets.

**No Increase in Price.** These tablets are put up in 1 oz.,  $\frac{1}{4}$  lb.,  $\frac{1}{2}$  lb. and 1 lb. bottles, and are sold at the same price as the powder.

The Merrell Company were the first, and are now the only, manufacturers in the United States of these **Natural Educts from Wintergreen**, and their product should always be used if undesirable complications are to be avoided.

Our 72 page booklet upon this subject is sent free upon application,

## RHEUMATISM.

In the treatment of **Rheumatism**, elimination and **Salicylic Acid** rarely fail to give the very best result. Keep the bowels open and the kidneys active by means of salines and the ingestion of large quantities of pure water (this also favors diaphoresis), and **Ferro Salicylata** (Merrell) will do the rest.

**Ferro Salicylata** contains in each fluid dram five grains of **Salicylic Acid** and five minims of the tincture **Citro-Chloride of Iron**. As the **True Acid** from **Natural Wintergreen Oil** is used, the preparation is devoid of those depressing effects which often attend the administration of the synthetic product, and it may therefore be given in as large and as frequently repeated doses as are indicated to control the symptoms and cure the patient.

As a tonic after **Grip**, **Ferro Salicylata** will do more toward restoring the strength of the patient than all other remedies combined; and for the depressed condition which so often attends convalescence after **Grip**, **Ferro Salicylata** is almost a specific.

**Ferro Salicylata** is carried in stock by all prescription pharmacists.

Send for descriptive circular matter and complete catalogue of pharmaceutical preparations.

**The Wm. S. MERRELL CHEMICAL CO.**

CINCINNATI, OHIO.

# **DIRECT MEDICATION**

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Specific indications are most completely  
met by the use of . . . .

## **NORMAL TINCTURES**

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**Normal Tinctures** are prepared according to the rules laid down in the "Digest of Materia Medica and Pharmacy," the authorized Eclectic Pharmacopœia adopted by the National Eclectic Medical Association.

**Normal Tinctures** are bright, clean,  
and free from precipitation.

**Normal Tinctures** are uniform, carefully standardized, and always reliable.

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Send for our booklet, giving the therapy and doses of 145 of these **NORMAL TINCTURES**. It is a handbook of practical medicine, a pocket vade mecum, and is sent free to physicians upon request.

**NORMAL TINCTURES** are carried in stock by all Wholesale Druggists and dealers in Physicians' Supplies, and may be obtained from Druggists everywhere.

A Price List Free for the Asking.

**The Wm. S. MERRELL CHEMICAL COMPANY,**  
**CINCINNATI, OHIO.**

—BRANCH OFFICES:—

New York,

New Orleans,

Chicago,

San Francisco.



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VOL. X.

AUGUST, 1905.

No. 8.

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## BOOK NOTICES.

**Chemical and Microscopical Diagnosis.** By Francis C. Wood, M. D. 188 illustrations; 9 colored plates New York: D. Appleton & Co. Price,

This work is divided into nine parts. Part I is on the blood—commencing with the normal cells, red, colorless platelettes, fibrin, etc., going carefully into morphology, physiology and pathology, especially pathological phenomena in those diseases in which the blood is most affected, and where an examination is of diagnostic significance. The technique for examinations in every case is very thorough and practical. This chapter or part covers 258 pages of the book, and is as concise as can well be made to be a thorough text-book.

Part II deals with the examination of the gastric contents, and covers 46 pages. This is a valuable chapter to the clinician, as the procedure and technique are carefully dealt with.

Part III, the Feces, covers the macroscopical, microscopical, and chemical examination. This chapter is very good.

Part IV, Parasites. This is a very thorough study of the different species of intestinal parasites, as well as the parasitic diseases of the skin, and is well worth careful study by the physician, and especially by the general practitioner.

Part V., Oral and Nasal Secretions.

Part VI, the Sputum. The most important examination of the sputum is for tubercle bacillus. This is carefully given, and its significance clearly stated. The macroscopical examination of the sputum of acute diseases of the respiratory tract is important and this is also dealt with.

Part VII, the Urine. The chemical and microscopical examination of the urine, the significance and importance of each, is outlined clearly in both a normal and pathological condition. This chapter is very good indeed.

Part VIII. Transudates and Exudates. This chapter is a material addition to the book, and should be of interest to the medical profession in general, the specialist, surgeon, and general practitioner.

Part IX. Milk. General considerations, the chemical and microscopical examinations make this chapter of clinical importance.

The Appendix, on the preparation of staining fluids, apparatus, reagents, etc., and general index, complete the work.

The book is rightly named, for the title signifies just what the author has made it. The press-work, cuts, and colored plates are good, and we have a book which the doctor needs and should possess.

J. L. P.

**The Problem of Life.** How to Prolong Life, and Retain Mental and other Faculties. By Benj. F. Felch, M. D., Chicago, Ill. Price, 75 cents.

This book is entirely worth while. It will actually improve your health to read it. No hazy theorizing; no dogmatism; no verbal sky-scraping—just plain, straight, hard, common sense, and lots of it. Much useful statistical matter that comes mighty handy to a fellow at least 365 times a year. This is one little book which is not a redundancy in the universe of letters. I think you are likely to buy a copy of it.

W. C. C.

**Diseases of Metabolism and Nutrition.** By. Prof. Dr. Carl Von Noorden. Price, 75 cents. New York: E. B. Treat & Co.

The American editor of this little work says: "Prof. Von Noorden's monograph on drink restriction is a most instructive deliverance upon a subject of the highest practical importance—one which should appeal strongly to both the medical profession and the laity. Especially in this country, where hot water drinking and colon douching have been carried to an irrational, ridiculous, and often very harmful excess by the advice of some irregular practitioners and cranks, will his warnings be timely."

To me this book is far from convincing; but, doctor, read and decide for yourself.

W. C. C.

## COLLEGE AND SOCIETY NOTICES.

### New England Association.

The eleventh annual meeting of the New England Eclectic Medical Association, jointly held with the fortieth annual meeting of the Vermont State Eclectic Medical Society, was opened in the State House, Montpelier, Vt., June 7, 1905, by President Algernon Fossett, M. D., and continued two days, with a large and enthusiastic attendance.

The retiring President, Dr. Fossett, of Portland, Me., delivered the annual address, "The New School of Medicine."

The following officers were elected for the ensuing year: President, Frank W. Snell, Dennysville, Me.; 1st Vice President, Alfred

# LIBRADOL

(TRADE-MARK)

An external remedy for quick relief of pain.

**USES.**—In colds, croup, broncho-pulmonic troubles in general; in acute inflammations of the lung or soreness depending upon congestion; in superficial or deep-seated pains of a rheumatic, chronic, or acute form; in sore muscles and joints.

We take pleasure in introducing this effective remedy for the cure and relief of all affections in which it is commended. Although new to most physicians, it has been employed by others for over a year, its benefit being sometimes so prompt as to appear marvelous.

The composition as given with each package will inform eclectic physicians concerning its field of action, and also indicate why LIBRADOL possesses such intrinsic merits.

LIBRADOL is clean, free from excessive fat, and can be washed from the skin by means of clear water. It is prompt in action and may be used either alone or in connection with any internal medication.

A characteristic and comprehensive report is as follows:

"I used LIBRADOL recently in three cases with most gratifying results.

FIRST.—Asthmatic condition caused by cold.

SECOND.—Acute articular rheumatism.

THIRD—Pain in abdomen."

—DR. B. B. MORROW.

A number of severe cases of inflammation, of cold in the chest, of acute inflammation of the lungs, soreness depending on congestion, etc., have been promptly relieved as per reports on file.

LIBRADOL is to be spread on greased paper, muslin, or waxed paper, and applied to the painful part. Full directions accompany each package.

PRICE.—1 lb. jar, \$1.50; ½ lb., 80 cents; ¼ lb. 45 cents.

**LLOYD BROTHERS, CINCINNATI, O.**

## COLLAPSIBLE TUBES.

(LLOYD BROTHERS' SOFT CERATES AND UNGUENTS.)



COLLAPSIBLE TUBE.  
[Reduced Illustration.]

With the object of giving physicians the best service possible both as concerns excellence and convenience, we have *at no increase of price*, arranged to supply two of our soft cerates and unguents (Echafolta Cream and Howe's Juniper Pomade) in *Collapsible Tubes*.

*Echafolta Cream* will hereafter be furnished in this very convenient form instead of the old style jars and cans.

The advantages of *Collapsible Tubes* are apparent. Always clean, convenient, for either the office or pocket, readily manipulated, air tight, they permit every grain of the contents to be used. There is no waste, no greasy dirt, no loss of volatile constituent. *They can be cheaply sent by mail.* At present we offer at the following prices:

**ECHA-FOLTA CREAM:**

Two-ounce, Tube, 25c.; by mail, 30c.

Four-ounce, Tube, 50c.; by mail, 60c.

**HOWE'S JUNIPER POMADE:**

Two-ounce Tube, 25c.; by mail, 30c.

Four-ounce Tube, 50c.; by mail, 60c.

SUPPLIED BY ALL OUR AGENTS AT CINCINNATI PRICES.

LLOYD BROTHERS, Cincinnati, Ohio.

H. Flower, Boston, Mass.; 2d Vice President, Charles G. Percival, Boston, Mass.; 3d Vice President, Amos E. Parlin, Barton Landing, Vt.; Recording Secretary, Sylvina A. Abbott, Taunton, Mass.; Treasurer, Frederick W. Abbott, Taunton, Mass.; Cor. Secretary, Edwin M. Ripley, Unionville, Conn.

The next annual meeting will be held at the Preble House, Portland, Me., May 23 and 24, 1906.

SYLVINA A. ABBOTT, M. D., Rec. Secretary.

#### **Massachusetts Society.**

The forty-fifth annual meeting of the Massachusetts Eclectic Medical Society was held at Hotel Thorndike, June 1 and 2. The first day's session was devoted to business, and was called to order at 6 P. M., President Ross presiding. The Secretary made his report.

The Treasurer's report showed the finances in a good condition.

The death of Dr. J. B. Wilson, of Mansfield, Mass., was reported and a committee appointed to draft resolutions.

Committees were also appointed to nominate officers for the ensuing year and delegates to the National.

The second day's session was full of good things. The morning was devoted to papers by Drs. D. P. Borden and Frederick W. Abbott upon "The Unity of Disease," and "A Week in Court," respectively. The afternoon was occupied by a symposium on old remedies.

The election of officers resulted as follows: President, D. P. Borden, Patterson, N. J.; Vice President, W. A. Earle, Boston; Cor. Secretary, Asa L. Potter, Falmouth; Rec. Secretary, Pitts E. Howes, Boston; Treasurer, Nathan L. Allen, Boston; Librarian, John Perrens, Boston; Councillors, C. Edwin Miles, A. W. Ambush, A. L. Chase, Lydia Ross, D. L. Powe.

The orator was Wm. H. Russell, M. D., his subject being, "The Physician." He was listened to with close attention, and received the thanks of the Society.

The banquet was presided over by Lillian G. Bullock, M. D., as anniversary chairman. The speakers were Drs. E. A. Brown, Lydia Ross, Mrs. H. M. Merrill, and Rev. Mr. Morrison, of Brockton, Mass. Music was interspersed.

PITTS EDWIN HOWES, M. D., Secretary.

#### **Pennsylvania Society.**

The thirty-second annual session of the Pennsylvania Eclectic Medical Society was held at Harrisburg, May 25-27. The meeting was well attended. There were a number of very good papers read, which received thorough discussions. We had with us Prof. L. E. Russell, who gave us several very interesting and instructive talks. We lost two members by death in the past year—Dr. A. B. Woodward, of Tunkhannock, Pa., and Dr. A. R. McCormick, of Tylersburg, Pa.—two of our oldest and highly respected members, never tiring in the work for the good of the Society and Eclecticism.



Officers for the ensuing year were elected as follows: President, C. S. Johnstonsbaugh, Bethlehem; 1st Vice President, A. F. Dunsmore, Barnesboro; 2d Vice President, W. R. Campbell, East Smithfield; Cor. Secretary, Kimmell Rauch, Johnstown; Rec-Secretary, Nannie W. Sloane Latrobe; Treasurer, W. H. Wolf, Pittsburg. Dr. L. E. Russell, of Cincinnati, was unanimously chosen as corresponding surgeon.

Our next meeting will be held at Johnstown, May, 1906.

NANNIE M. SLOANE, Rec. Secretary.

#### **Tennessee Association.**

The twenty-sixth annual meeting of the Tennessee Eclectic Medical Association convened at Nashville, May 23 and 24, 1905. This meeting was one of the most successful in the history of the organization. Prominent Eclectics, as Young, McKinney, Cooper, Daniel, etc., from West Tennessee, fully exhibited their faith in the cardinal tenets of Eclecticism. Middle Tennessee had her Hite, her Halbert, Harvill, Fisk, Cummins, Holmes, and others, who have contested every inch of territory. Sorry that East Tennessee did not join the procession. Hope, however, that those brethren of that fair land may be with us in our next meeting.

Our distinguished visitors, Profs. Smith, of Cincinnati, and Duvall, of Atlanta, added much to the interest of the meeting.

The Association endorsed Dr. W. H. Halbert for re-appointment to the Examining Board.

The officers elected for 1906 are: President, Dr. J. W. Pruitt, Hurricane; 1st Vice President, Dr. M. M. Harvill, Nashville; 2d Vice President, Dr. W. G. McKinney, Milan; Rec Secretary, Dr. Benj. L. Simmons, Granville; Cor. Secretary, Dr. A. L. Daniel, Lohdeville; Treasurer, Dr. Geo. M. Hite, Nashville.

Next place of meeting, Nashville, May, 1906.

BENJ. L. SIMMONS, M. D., Rec Secretary,

#### **Texas Association.**

The twenty-fourth annual meeting of the Texas Eclectic Medical Association will convene in Dallas, on the second Tuesday of October. An elaborate program has been prepared, a fuller notice of which will be given in our next number.

#### **T. A. E. Notes.**

The Chronicler had the pleasure of calling at the office of Bro. P. A. Kemper, class 1903. Dr. Kemper is located at Vandalia, W. Va., and says he is doing very comfortably. The doctor is the proud possessor of a fine boy, which he says "looks just like his 'Pa.'"

Bro. A. J. Kemper, class of 1903, is located at West Milford, W. Va. The doctor has a good practice, and is building him a residence. As the doctor is a single man, this seems plain enough.

Bro. T. W. Vance, class 1905, has located at Mannington, W. Va. He has been there but a short time, and says the outlook is quite promising.

# Hay Fever



**I**N the opinion of many prominent rhinologists, laryngologists and general practitioners Solution Adrenalin Chloride and Adrenalin Inhalant meet the indications in Hay Fever better than any other agent.

## SOLUTION ADRENALIN CHLORIDE

is a remarkably powerful astringent. In the treatment of Hay Fever it is usually diluted with four to five times its volume of physiologic salt solution. Sprayed into the nostrils by means of a hand atomizer, it promptly reduces the hyperemia and turgescence of the mucous membranes of the eyes, nose, etc., and checks the profuse secretions. It allays the nasal irritation and controls paroxysms of sneezing. Two or three applications a day ordinarily serve to keep the patient in a state of comparative comfort.

*Supplied in ounce glass-stoppered vials.*

## ADRENALIN INHALANT

a more recent acquisition to our list of therapeutic agents, has been used with marked success in the treatment of Hay Fever during the past two seasons. It contains one part of Adrenalin Chloride to 1000 parts of a neutral oil. The best results are obtained by spraying it into the nasal passages from an instrument adapted to heavy, oily solutions. Requiring no dilution, it offers an especially convenient method of application, and its oleaginous base imparts an emollient effect that is particularly gratifying to the patient.

*Supplied in ounce glass-stoppered vials.*

**WRITE FOR LITERATURE ON HAY FEVER.**

## PARKE, DAVIS & COMPANY

LABORATORIES: DETROIT, MICH., U.S.A.; WALKERVILLE, ONT.; HOUNSLOW, ENG.

BRANCHES: NEW YORK, CHICAGO, ST. LOUIS, BOSTON, BALTIMORE, NEW ORLEANS, KANSAS CITY, MINNEAPOLIS, INDIANAPOLIS, MEMPHIS; LONDON, ENG.; MONTREAL, QUE.; SYDNEY, N.S.W.; ST. PETERSBURG, RUSSIA; SIMLA, INDIA; TOKIO, JAPAN.

# ECTHOL.

**FORMULA:—EVERY FLUID DRACHM CONTAINS TWENTY-EIGHT GRAINS ECHINACEA ANGUSTIFOLIA AND THREE GRAINS THUJA OCCIDENTALIS. IT IS ANTI-PURULENT, ANTI-SUPPURATIVE, ANTI-MORBIFIC, AND IS SPECIALLY INDICATED IN BREAKING-DOWN CONDITIONS OF THE FLUIDS, TISSUES, CORPUSCLES, AND DYSCRASIA OF THE SECRETIONS.**

**"Our observation of the medical literature indicates that ECHINACEA is being used far more than formerly. — J. A. M. A., APRIL 8, 1905."**

**BROMIDIA                  PAPINE                  IODIA**

**BATTLE & CO., CHEMISTS CORPORATION, ST. LOUIS, MO., U. S. A.**

Bro. W. B. Cunningham, class 1906, has been heard from. He is working near his home, Grove City, Pa.

Bro. S. W. Bradstreet, class 1906, has been making a tour of some of the eastern cities—Boston, Cambridge, etc. He reports a good time.

The Chronicler wishes to join with the other members of Alpha Chapter in extending their sympathy to Bro. Geo. E. Dash, in the loss of his sister.

D. E. BRONSON, Chronicler.

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## PERSONALS.

Drs. P. L. Jones and C. W. Kyser successfully passed the Kansas State Board examination.

Dr. Wm. J. Marshall, E. M. I. '05, successfully passed the Pennsylvania State Board examination with a high average. He will locate at Meadville, Pa., about the first of September.

LOCATIONS.—Good country location, practice and property on easy terms. Am removing to a larger place. For particulars address with stamp Dr. E. B. Showman, Waymansville, Ind.

Good country location at Lebanon, Tenn. An energetic young physician can do well. For particulars address, with stamp, Dr. Thomas E. Halbert, 133 Seventh ave. N., Nashville, Tenn.

FOR SALE.—Practice in one of the best trading and shipping towns of 1200 inhabitants in South-western Iowa, for price of office furniture and drugs. Going to city. Address box 29, Griswold, Iowa.

FOR SALE.—Practice worth \$5,000 to \$6,000 per year. Will sell office furniture, drugs, household goods, horse and buggy, at reasonable prices. Practice and good will thrown in. For further particulars address

W. L. WERNER, Thomas, W. va.

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## READING NOTICES.

### **The Most Satisfactory Method of Treating Hay Fever.**

It is now regarded as a pretty well established fact that hay fever is a neurosis with the peculiar local manifestation of hypersensitiveness of the respiratory mucous membrane. Excessively humid air, dust, the pollen of certain plants, attenuated particles of matter, and certain volatile emanations, cause a pronounced irritation of the mucous membrane. The distressing phenomena which follow are the direct result of the vaso-motor paralysis that attends the primary irritation. They are caused by an engorgement of the tissues resulting from excessive dilatation of the capillaries.

With the discovery of the remarkable therapeutic properties of the suprarenal gland, and the isolation of its active principle, Adrenalin, a new day dawned for the hay fever patient. It affords the sufferer the grateful relief from physical torment and mental

anguish that he once learned to expect from cocaine; but the dangers and inconveniences of cocaine do not follow the use of Adrenalin. The latter powerfully contracts the capillaries, and checks the profuse flow of mucus. Parke, Davis & Co., Detroit, have published a brochure on the subject, to be had on application.

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**Enterocolitis and Cholera Infantum.**

Antiphlogistine produces results in cholera infantum that can not be obtained in any other way. Pain is reduced, restlessness is soothed, and the tossing, moaning patient falls into a quiet, restful sleep. And why not? A moment's thought will convince you that, since the intestines and possibly the peritoneum are inflamed, an application which so rapidly reduces inflammation in other parts of the body must have a beneficial action here. Consider also that in this case, acting directly upon and reflexly through the solar and hypogastric plexuses, it relieves the shock which is so invariably a serious part of the symptom complex.

Apply hot to the abdomen about one-third inch thick, and cover with absorbent cotton.

---

**Sun Pain and other pain.**

In the pain and pyrexia produced by exposure to the rays of the sun, which is common in this country, Antikamnia tablets, in addition to cold douches, are the best remedy. They reduce temperature by increasing radiation of heat from the body and diminishing heat production. They stimulate the glandular system, particularly the sudorific glands. In many cases their diaphoretic action is phenomenal. They act as an analgesic by obtunding the sensibilities of the vaso-motor and sensory nerves. They seem to tranquilize the ganglionic centers of the whole nervous system, and have but slight action on the brain. We mean by this that they do not stupefy nor produce unconsciousness. They seem to have no disturbing influence on the kidneys. They have a happy effect in all neurotic troubles, and occupy a permanent position in therapeutics. Briefly stated, they are indicated in sun pain, cephalalgia, neuralgia, attacks of acute rheumatism, sciatica, dysmenorrhea, irregularities, and all painful conditions.

---

**SUMMER DIARRHEA OF INFANTS.**—Of the various agents that have been suggested for the disinfection of the intestinal tract, Acetozone is by far the most promising. It has been shown by Novy and Freer, of the University of Michigan, that Acetozone, even in weak solutions, destroys bacilli in less than one minute. These writers say that while the strong solution kills everything almost instantly, the weaker solution (1-3000) destroys the vegetating germs, as a rule, within one minute. At the same time solutions of 1 to 1000 strength are given internally without the least harmful effect.

In dealing with this class of cases, the following make up the round of treatment: 1. Withdrawal of milk and the substitution of thin broths, albumen and cereal waters, or other liquid feedings. 2. Im-

# SUMMER HEAT

does not exhaust the vitality of  
the invalid fortified by

## GRAY'S Glycerine TONIC Comp.

It is the ideal hot weather  
remedy for the sufferer from chronic  
organic disease, nervous exhaustion,  
malnutrition and general debility

THE PURDUE FREDERICK CO.,  
298 Broadway, New York

## **The McMillen Sanitarium** **FOR MENTAL DISEASES.**

NEAR COLUMBUS, OHIO.

Telephone 2406

**For Men and Women. All classes of Insanity admitted**  
**ALCOHOLIC, MORPHINE and other DRUG HABITS TREATED.**

We receive and care for patients suffering from any form of disease with mental complications.

Our equipment is new and up to date. We offer good care, night attendants, comfortable room, good table, and constant personal supervision.

The Columbus, New Albany and Johnstown Cars to Door.

The building is warmed by hot water. Our lawn is ample and well shaded. Patients here find rest and comfort while being treated. Write us, state patient's condition in full, and ask for rates and circular.

**PROFESSIONAL CORRESPONDENCE SOLICITED.**

**BISHOP McMILLEN, M. D., Sup't.**

**Address, Shepard, Ohio.**

mediate evacuation of the stomach and intestines by stomach washing and intestinal flushing with Acetozone solution (1-5000 or stronger). 3. Sustaining the patient's vitality. 4. Administration of an internal antiseptic (Acetozone, (1-3000 to 1-1000). 5. Observance of hygienic conditions.

In giving the drug, the solution usually given to adults (15 grains to the quart) should be diluted with one-half its quantity of water, and flavored with lemon or orange juice. It should be given in teaspoonful doses, at frequent intervals—every twenty or thirty minutes in the beginning, lengthening the intervals as the case progresses.

Colonic irrigation is a useful procedure in cholera infantum. Acetozone (1-5000) solution is unexcelled for this purpose.

Probably the most frequent and important conditions which the average physician is called upon to treat, are of an impoverished blood supply. Blood impoverishment is a condition rather than a disease, and may be met with in all walks of life and at any age. Whatever concomitant conditions exist with anemia, it is a fact, that the most complete and rapid cures are effected by restoring to the blood its normal elements. Consequently the physician is justified in treating all cases of anemia with regard to the anemia itself, but at the same time not overlooking the care of the other pathological conditions which may exist.

In the beginning of my experiments I noticed that those therapeutic elements containing a food product and a stimulating vehicle have shown the most satisfactory and prompt results, while those purely of a drug basis seemed to have a limited usefulness. The conclusion reached from these experiments extending over several years, leads us to unhesitatingly endorse Bovine as being the best tonic stimulant and food.

JOHN GRIGGS, M. D., Farmington, Conn.

What shall it be? is the question present in the mind of the busy physician every summer when he confronts the problem of appropriate tonic medication for the weak, poorly nourished and debilitated.

Gray's Glycerine Tonic Comp. is one of the most prompt and reliable gastric sedatives known to the profession. As an instance of this, it is only necessary to recall its wide-spread use in the gastric irritability and vomiting of pregnancy and sea-sickness. Once having pacified the stomach, it exerts very positive effects upon the secretory and motor functions of this organ, manifested by creation of appetite and increased power to digest food. It is a great step forward when these patients can take sufficient quantities of proper food, and have the power to digest and assimilate it. Gray's Tonic accomplishes this, and as a consequence has a pronounced influence in improving the nutrition of the patient. It thus starts aright the complicated physiological processes which result in increased blood constituents, more vitality, greater strength, and increased power to resist the inroads of disease.

'Rah for the Chicago, Milwaukee and St. Paul Railway.

It has advanced at one leap 50 years to the lead, by putting on observation cars which have compartments for women. Ordinarily a woman is pretty much of an intruder in an observation car, when she has the nerve to fight her way through the tobacco smoke and timidly pick out a seat which isn't occupied by the feet of some imperial male being.

There is no doubt about it, the most effective answer to the man who claims America to be a paradise for chivalry would be to dress him up as a woman, and make him spend two days in an American railway coach. The custom of providing 10x10 compartments for men to smoke in, and 4x4 closets for women to dress in, three at a time, is a regular air-brake on the progress of civilization.

The Chicago, Milwaukee and St. Paul Railway ought to be given a medal.—*Nonpareil, Council Bluffs, Ia.*

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INTESTINAL ULCERATION.—The patient in this case was a woman 82 years old. Her trouble was of several years' standing, during which time she had been unsuccessfully treated for various forms of gastrointestinal affections. The symptoms indicated an ulcer. As there was much acid fermentation and gastric disturbance, I thought the use of Glyco-Thymoline would be effective, and began with teaspoonful doses every three hours. The results were wonderful. Not only were the gastric secretions corrected speedily, but the pain and soreness were lessened in the duodenal tract, and the quantity of black crusts in the stools greatly lessened. The improvement steadily continued until after some three months' treatment there was no pain nor soreness and no trace of the crusts. Her appetite had returned, and she could digest and assimilate her food without any distress—something she had been unable to do for a number of years. After another week or so, I found that every indication pointed to a cure, and discontinued the treatment. That was over a year ago. She has not had the slightest return of the bad symptoms, and her general condition is remarkably good for a woman of her age.

A. F. FOYE, M. D., Washington, D. C.

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In the wasting diseases, as well as in rickets, scrofula, and marasmus, it is of the greatest importance that a remedy be selected which will quickly check the pathological condition, and restore the organism to the normal without producing digestive or other functional disturbances. Hagee's Cod. Ol. Morrhue Comp. is an elegant preparation, containing all the essential therapeutic properties of cod liver oil, and combined with tissue building chemicals (hypophosphites of lime and soda) and aromatics, which render it agreeable to the palate.—*Amer. Jour. of Dermatology.*



## LOW RATE EXCURSIONS

### Via **B. & O. S-W.** Season 1905.

#### MOUNTAIN LAKE PARK, Md.

Mountain Chautauqua, on Crest of the Allegheny Mountains. Tickets will be sold from all points August 1st to 29th. Return limit August 31.

#### DENVER, COLORADO.

FRATERNAL ORDER OF EAGLES. Tickets will be sold from all points August 11 to 14. Return limit August 25, with privilege of extension to Sept. 25.

GRAND ARMY OF THE REPUBLIC—National Encampment. Tickets will be sold Aug. 29 to Sept. 4. Return limit Sept. 12, with privilege of extension to Oct. 7.

#### PITTSBURG, PA.

KNIGHTS OF PYTHIAS (COLORED)—Uniform Rank, Biennial Session. Tickets will be sold for all trains Aug. 19, 20. Return limit Aug. 28.

#### PHILADELPHIA, PA.

ODD FELLOWS, Sovereign Grand Lodge. Tickets will be sold Sept. 15, 16, and 17. Return limit Sept. 25, with privilege of extension to Oct. 5.

#### LOS ANGELES AND SAN FRANCISCO, CAL:

W. C. T. U. CONVENTION. Tickets will be sold October 16 to 21. Return limit, Nov. 30.

For detailed information, rates, time of trains, sleeping car reservations, etc., consult your nearest ticket agent or address

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### **ORIGINAL COMMUNICATIONS.**

#### **NEW REMEDIES AND NEW USES FOR OLD ONES.\***

**By J. C. Dunn, M. D., Tionesta, Pa.**

A physician's success depends on a great many things. His personality coupled with morality plays a large part. His ability to make correct diagnosis or locate a hidden morbid condition. A fearless application of the principles demanded by each case and a thorough, rigid adherence to those principles until success crowned his efforts, is one of the vital requirements of him who would climb high. A clean life, untiring energy, unceasing vigilance, never ending watchfulness and earnestness. These go far in making up the sum total of the man whom the people will trust, employ and sometimes pay.

He may know the anatomy of the body thoroughly; he may understand pathological wrongs; he may have an intimate acquaintance with all the microbes antagonistic to human bodily welfare; may know their origin, habitat, family relationship, and be able to name them forward and backward, and at once, on seeing the hind quarters of one, to assign it to its proper sphere in society microbic, to strepto, staphylo, diplo gono, whatever the coccus may be. He may very astutely penetrate the cortex cerebri and locate the trouble giving rise to the peripheral disturbance in a group of cells in the third convolution of the right side of the fissure Rolandic in the left hemisphere; may unerringly announce that the focus from whence arose the

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Read before the Pennsylvania Eclectic Medical Association, June, 1905.

splenic hyperemia had its origin in the dead carcass of a plasmodium malarie lodged in the third bifurcation of the fourth branch of a posterior arteriole at a point where the trabeculae constricted the lumen of that vessel.

But with all this bristling array of scientific knowledge, if he does not know his materia medica even better than he knows his anatomy, physiology, pathology and etiology, he is defenseless in the face of the enemy. He is equal only to a general who has discovered his foe's position, fortifications and numbers, but is without force or ammunition to attack him. I abhor that cant which locates the cause of, and names the disease, and specifies the probable result, then regularly clasps its scientific hands and placidly informs the patient that there is nothing left for him to do but pay the bill and meekly wait for kind old mother nature, who was always kind, to work out a cure or to resolve him again to the original elements. If any man on the face of this green earth is to be pitied and receive the sympathy of his fellow beings, it is that man in the medical calling who has no faith in remedies.

This article is to be a *strenuous plea* for the *specific, curative* properties of a few remedies for given conditions. The caption is not a new or an original one, nor are the uses which we propose to point out for a few agents supposed to be entirely new to all members of this association; but if to some here we may convey a thought or furnish solution to a query, this paper will not have been prepared in vain. Frequently has the writer spent more time in searching for a nugget of needed information than he will ask you to give him here, and he earnestly hopes that some point may stick in the memory of some one present, and be of use to him in the future. Many of the uses for remedies mentioned herein are the result of a few trials only, but they were so satisfactory to the writer that he gives them for what they are worth, and hopes that others may be induced to try them.

One of the most satisfactory cures, both to patient and physician, was made by the topical application of sulphite of sodium to the person of an old man who was suffering the most exquisite torture I ever witnessed from the toxic effect of eating oysters. I was hurriedly called and found him in a most deplorable condition. No time to consult books or ask any questions except to learn that everything which I thought to do had been done before my arrival. It certainly was inspiration which caused me to empty the contents of a three drachm vial

of sodium sul. into a pint bowl of warm water and apply it. The result was wonderful—magical. In three minutes the patient was free from the intense burning and itching and I had a new family on my visiting list. The same treatment proved just as successful on this patient in a subsequent attack of the same nature. The only cases of shell-fish poisoning ever coming under my observation. It worked as satisfactorily in a case of strawberry poisoning, and in those eruptions arising from the too free use of oatmeal for a diet; also in those distressing cases of urticaria, where not of nephritic origin, most gratifying results have come from the use of calcium sulphide in the treatment of certain forms of leucorrhea characterized by a heavy, creamy discharge resembling pus; as well as in those cases of purulent bronchitis of the aged, with the same discharge in appearance. I was called to attend an aged man,, who claimed to be an eclectic physician, in a remote part of the county, who had been under the care of a regular physician, who had pronounced the case hopeless. I found him with the most effusive purulent bronchitis imaginable; tried the usual remedies with negative results, and was ready to agree with my predecessor that the patient must succumb, when I prescribed calc. sul. in grain doses every three hours, and in three days he was convalescent. I certainly never got such prompt and brilliant results from any drug administered internally. Yet this compound will more often disappoint than prove satisfactory.

Calcium iodide, or iodized lime, is as nearly a specific for both mucous and membranous croup as any remedy we know for any other given condition. Sweets spirits nitre in 30 per cent. solution, or stronger, applied to the so-called red erysipelas, will cure 95 per cent. of all cases if seen early. A solution of ichthyol is also a useful application in stubborn cases.

A mixture of glycerine and tannic acid applied locally gives better results in the treatment of those distressing, untractable cases of infantile eczema, than any and all other applications and internal treatment combined which I have ever employed.

I have frequently been startled by the prompt action of one dose of mag. phos., followed by a swallow of hot water, administered for the relief of true or false angina, spasmodic pain in the stomach, and in uterine colic when not caused by mechanical obstruction. In these cases give 6 drop doses of sp. viburnum in hot water, alternated with mag. phos. every 15 minutes, and you will scarcely fail to receive the gratitude of your patient. This remedy also will often disappoint.

For those cases of frequent burning, smarting micturition, when but a few drops are voided at a time, every 5, 10 or 15 minutes, nothing gives such prompt relief as *sp. Eupatorium purpurium*, queen of the meadow, uncombined with any other drug. No other agent has given me cause to rejoice in my victories over competitors as often as this one.

*Echinacea* as a local application to foul sloughing, bad conditioned ulcers, and infected injuries, is not surpassed by any agent in the realm.

A mixture of equal parts by measure of chloridum mite and *pd. hydrastis*, applied twice daily after the parts are cleansed with water, will rarely disappoint either physician or patient in the rapid cure of chancre or chaneroid. *Europhen* will sometimes kindly heal up and an old, disagreeable tibial ulcer when all else has failed.

In those fermentative intestinal troubles resembling typhoid in the early stages, with dirty tongue, flaccid abdomen, headache, with patient presenting a general bad picture, the administration of acetozone in solution for 48 hours will prove valuable, and if followed by or accompanied with bismuth naphtholate, it forms an ideal treatment for typhoid; and for a local application in infected sores the first named remedy is surpassed only by *sp. echinacea*.

Among the more recent and really valuable remedies *adrin* or *adrenalin* stands high as a hemostatic. Administered in hemorrhagic typhoid it not only assists in controlling the bleeding, but it gives a better heart action and arterial tones. In conjunctivitis it is a marvel how quickly the hyperemia and pain will subside when treated with hot boric acid solution, followed by the instillation of a few drops of a 1-1000 or 1-2000 solution of *Mulfords* or *Parke Davis'* preparation, if the eye be protected from the light by colored glasses.

The writer has come to discard all other dry dressings in the practice of surgery or the treatment of wounds, for *Bismuth Formic Iodide* put up by the *Mulford Co.* It has the advantage of being inodorous, non-toxic and inexpensive. I have yet the first case in which to use it where it did not accomplish all any dressing could do. It does not adhere to the sore when moist, nor form a sticky mass. A heavy, dark crust forms, under which the process of repair goes on to complete recovery. Used during the past year in all cases ranging from sections for appendicitis and amputations of toes and fingers to the most trivial injuries, it has proved at once the most satisfactory and elegant remedy ever exhibited.

In July, 1898, a woman fell to my lot to treat for some obscure condition, with its chief manifestation that of spinal irritation and convulsions. Satisfied that I had some reflex trouble to deal with, I was unable in five months' treatment to raise the patient from her bed, or to reduce the spinal irritation; although the convulsive seizures grew less violent and of less frequency. However there was opisthotonos, inturnd thumbs and almost complete anuria, the patient seldom urinating to exceed once in thirty hours, frequently only once in thirty-six hours, and never to reach eight ounces in twenty-four hours. In this condition, which was never, so far as could be seen, influenced at all by drugs or treatment, she lingered until December 22, when she was taken out of bed in a comatose condition, in which she had lain for ten days without giving sign of consciousness, and our Professor Russell removed the ovaries. She had no more convulsions until the following July, when they reappeared in a mild form; but at this time she was under another physician's care, she having removed to a neighboring town. I neglected to say that I had the ablest counsel at different times which I could command, but never administered a dose of medicine which influenced her for the better or worse. At different times during this interval she has had slight convulsive tendencies and some spinal irritation, until last fall her brother died under very sad circumstances, when all the old symptoms returned in a very aggravated form, and she lay for ten days in a stupor, muttering occasionally of a pain in her neck and back of her head; otherwise giving no sign of consciousness. Call it hysteria if you will, but we again had that extreme tenderness of the spine, scanty urine, complete anorexia, constant nausea, total loss of the ability to stand up or walk, widely dilated pupils, and after the stupor passed off, insomnia in a marked degree; and this condition prevailed for five months again, regardless of all treatment, skillful or otherwise, with absolutely no improvement which could be noted.

About this time my attention was called by some literature received in my mail to bioplasm. Procuring some of it I administered it as directed, and from the first week my patient has steadily and rapidly improved, until now she is in better condition than at any time in five years. It is true that one swallow does not make a spring, nor does this case prove bioplasm a remedy for all neurotic ailments, but it certainly does entitle it to some consideration when one has long ago worn out the list of drugs recommended for such cases.

One other combination which always gives entire satisfaction when administered under proper conditions, is bichromate of potash, 3x, combined with mercuric biniodide, 1-50 gr. Its action is specific in that form of sore throat and laryngitis when deglutition is extremely painful and difficult, complicated with partial loss of voice. The greater the degree of hoarseness or aphonia, the more prompt and satisfactory the result. This formula has repeatedly failed me in simple sore throat, and in huskiness of voice without painful inflammatory conditions; but when the two are co-existing, it is an elegant treatment.

The bin-iodide, in the same dose as specified above, is one of the most pleasing agents to exhibit when there is extreme nausea and vomiting, the stomach refusing to tolerate any fluid. One tablet administered every one-half to one hour will often be the only treatment required.

In closing this brief paper of miscellany, I desire to urge the physicians present to a closer study of Bryonia and Chionanthus. They are giants whose power for good is not half appreciated by those who use them. Often when searching the universe for some new remedy with which to fight some old battle against abdominal and pelvic troubles, in both male and female, and getting on but poorly, if we would but quiet ourselves and confine our attentions to our own tried and true remedies, we would find that these two agents would accomplish much more for us than we have ever asked of them in this line.

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### NOTES OF A MEDICAL CONGRESS.

By Alexander Wilder, M. D. Newark, N. Jersey.

In 1887 an International Medical Congress, as it was called, was held in the city of Washington. An assemblage of conglomerates it was truly—physicians from different countries of Europe, and even fez-wearing Moslems from Egypt. It was, however, to an undefined extent a parentless concern; a professor from Naples opposed certain proposed action on the ground that its validity would not be recognized anywhere. There had been a series of International Congresses held at European capitals, and the last of them at Copenhagen had appointed the next one at Washington, and named a committee to make the necessary arrangements. But the American Medical Association had superseded that committee and appointed another of a somewhat different complexion. How far this rather high-handed action

affected the untoward results, I never took the pains to ascertain. That there was much feeling excited was very certain. Dr. Billings, then Surgeon-General, closed his office and left the city till the affair was over. There were mutterings, too, in other places, not very loud, but deep down below the surface.

Yet there were many hundreds of American doctors in attendance. American physicians seem to think that they have scored points for their own advantage, when they get any acceptance from foreigners. They have not got over the colonial feeling, which Mr. Jefferson desired to rid us of, when he prepared the developing of an American Practice of Medicine. It must be said that of those in attendance few seemed to be men of a prominent standing in their own states.

All were required to pay ten dollars as an entrance fee, and were ticketed accordingly. Although in the Congresses in Europe all lawful physicians were acceptable as members, the purpose here was to limit the membership to the boundaries of the Code of Ethics. Nevertheless, a dozen or more of "irregulars" did pass the prescribed lines, and enjoyed the privileges of spectators. It had been understood that all who paid the entrance fee would be entitled to a copy of the published transactions; but as no such publication was issued, that pledge must have died still-born. Either there were no papers or reports presented that were regarded as worthy of printing, or there was a feeling that they would not be regarded as of any importance. It may have been that there were no funds adequate to the purpose.

When, some years afterward, arrangements were made for medical congresses at Chicago the American Medical Association evaded the matter on some frivolous pretext, and the two national organizations which held assemblages of an international character and published the proceedings had a sober financial experience to encounter. No medical association is a democracy in practice.

The attendance of this Congress in Washington was largely perfunctory. It was pieced off into sections, but few of these received much attention. Those in which materia medica, medical practice and other departments important to practitioners were concerned, were characterized by sparse audiences. At that time, however, mania for operating was in full force, and so surgery and gynecology received the chief attention.

When the Congress was opened on the first day, Mr. Bayard, the Secretary of State, made the address of welcome for the



United States. It was a production in style and substance worthy of the man. Paying an eloquent tribute to the medical profession, he pleaded that in place of so much interference with her processes, physicians should let nature have an opportunity to right disorders.

Nothing, however, in all that week's session indicated any such deference to the great mother of us all.

Medical gatherings of the larger kind do not, however, appear to have much relation to professional service. The politics appear to be a chief concern, but oftener the social enjoyment takes the lead. Those in attendance at Washington took occasion "to see the sights." It was during the recess of Congress, and Washington people were absent to a great extent on the usual vacation. The departments of government shared in the general absenteeism. But there was enough to see, and with the Potomac, and its scenery, nature herself exhibited most attractive spectacles to her admirers. An excursion to Mount Vernon by the steamer offered the opportunity to view her in holiday garb.

A boat one morning took the sail thither. To see them endeavoring to find one another out; South and Southwest intermingling with the graver men of the North, all as of one family and one interest without estrangement, was a sight even more interesting than the scenery. It was more like a session of the Mutual Admiration Society than an assemblage of clans in an army.

One of the company, in a dialogue, directed attention to the characteristics of the party. He remarked the almost uniform dimension of the noses. It was certain that some of these beaks were distinguishing features; also that none of them were snubs, pugs, or of moderate size. Napoleon I. could have suited himself there; he always insisted upon a man with a large nose for a service demanding capacity, resource and responsibility. "A man must breathe freely," he used to say, "that he may be able to do."

The usual routine was gone through at Mount Vernon. The old tomb was looked over, and then the new one, where reposes the body of the man "First in war and first in peace." Then the house was inspected, the apartment where he died, the rooms around, the one where Lafayette slept, the grandnieces' boudoir, etc. also the region upstairs where Mrs. Washington made her abode after the death of her husband.

There is a tale extant that she used to berate him severely for his shortcomings. We do not think of him as ever being naughty; Dominic Weems taught us that he was saintly, and never told lies. We think somewhat differently nowadays. George never was a Sunday-school scholar and while good children in Sunday-school books died young, he was red-haired and lived to sturdy, virile manhood. Then, too, there were dancing parties at the Mansion. It was said that a guest from Europe stayed over night, and that his room, being contiguous to the one occupied by the host and hostess, he overheard the lady giving her lord and master a lecture of the usual connubial style. The General was quiet till she paused for breath, when he placidly advised her to go to sleep. It is not quite easy, however, to believe this anecdote; one can not easily fix upon a sleeping apartment at Mount Vernon which a guest would have, where words could be overheard, unless the person talked unusually loud. It is probably about as credible as the cherry-tree story.

After the doctors had been conducted over the house they next were led to the garden. The soil around there is of a peculiar yellow and full of little stones. It may have been fertile sometime ago, but this is very hard to believe. By the garden is shown a tree planted by Lafayette, but a request is made kindly not to pluck off twigs for souvenirs. The garden is like most such, not for flowers but for pot-herbs and kindred articles. It was, however, in nice order.

By this time it was noon. Suddenly and unexpectedly, almost like a shock, a voice was heard:

“When are we to have dinner?”

It was from our well-known friend of Connecticut. If any romantic feeling had been awakened, if there was awe at being on grounds once hallowed by the feet of the Father of his Country, they went away quickly. A promise was made that a repast would soon be served in a building near by, and then the inspection continued.

But there can little be said of the dinner very flattering. It was too much after the style which Dickens describes. Every one hurried to get his share; there was little waiting on company worth speaking of; and while some fed to repletion, others could get nothing at all.

The eagerness to return was then vivid, and the doctors went. The hilarity of the morning had already gone. Nevertheless, enough had been learned to think of, enough seen to talk about.

The Congress dragged out the session. An attempt was made to report its proceedings in a daily journal, established for the purpose by Dr. Shoemaker, of Philadelphia, but it could not keep up like a modern daily. It was, however, the best that was done.

The usual formalities attended the closing. President Davis made a farewell speech, extolling the success of the Congress, glorifying the profession for what it was doing for "suffering humanity," and bade the members his good-by.

A photographer caused the assembly to be grouped on the steps at the rear of the Treasury Building, so that they might be made immortal by the sunshine as it impressed the likenesses of their faces and figures on the sensitive plate.

President Cleveland also did his part courteously by a reception. Probably no Presidential couple since the days of Dolly Madison ever made these receptions so attractive. Mr. Cleveland did many things well, but the one that made his administration popular, was getting married. Whatever was thought of him, everybody admired, almost to loving, the mistress of the White House. Her mode of receiving was an incident by itself. Her manner was cordial, however she may really have felt. As she welcomed each guest she did it in a manner as though he was the very one whom she had desired to see there. Only that she had so many to greet, and must treat each with equal grace, could make one think her possibly insincere. No doubt she was delighted at being praised and admired; that she enjoyed being for so many years the first lady of America. She certainly adorned the place. And what is higher praise, she is equally worthy as a housewife and mother.

Of the Congress little was heard of it after. It seems to have advanced nothing, to have developed nothing. It was little else than an assemblage of mediocrities. It can hardly be considered a representative body, even of its own. Never formally repudiated, it was suffered to go out of recollection unnoticed. Its object was defeated in its inception. It left no mantle to be taken up by a successor.

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### DYSPEPSIA.

By W. C. Cooper, M. D., Cleves, O.

I should say that dyspepsia at its best (worst?) is about neck and neck with hysteria. Hysteria may outclass dyspepsia in the quality of its diabolism a little, but dyspepsia makes good this deficit in quantity. This is not all theory, for although I

have never had hysteria, I have had dyspepsia for years, and am amply qualified to speak authoritatively on the subject. Both these diseases are what Sherman said war was.

There is one thing that every experienced doctor is thoroughly convinced of, and that is, that dyspepsia can not be cured with drugs. There are forms of it that may be helped a little by drugs, but they are few. It is philosophically and practically certain that no drug which professes to supply a lack of any of the peptic elements will ever justify its pretensions. Neither hydrochloric acid nor pepsin ever helped a case of indigestion. Chemical hydrochloric acid is not identical with the stomach's acid; the pharmacist's pepsin is different from the human stomach's pepsin. No treatment based on the idea of supplying a systemic lack can ever be right. The system can not have a *drug* lack, and both the acid and extracted pepsin are drugs—they are *not* foods. A food is a food, and a drug is a drug, and everything ingested falls into the category of one or the other of these. Artificial digestants are delusions and snares, for test-tube digestion lacks the chief element of the digestive process; namely, the vital principle. The stomach must do its own digesting; we can not do its digesting for it.

Any drugs we may use must be such as address themselves to the nerve centers which control the stomach. If they make for cure, they will do so by shocking the morbid, into the normal trend, as in all other cures. Remembering that all cures of dyspepsia will depend at least three-fourths on diet and hygiene, there are a few remedies which may be more or less depended on. I shall name only two here; the two which, according to my observation and personal experience, are the most dependable.

In atonic forms of indigestion, specific nux and hydrastis (combined) make the best remedy. I give them in small quantities. In general, chronic nervous or flatulent dyspepsia, I have found the following original pill or capsule the best thing I have ever tried: R—Ext. nux vom. gr. ii; hydras, mur., bismuth subnit. pulv. assafetida aa. gr. xxx; ext. taraxacum q. s. to make mass. Dispense in thirty capsules. One of these is to be taken before or after each meal. This is a complex prescription, but it has been thoroughly tested and may be confidently relied on. It is the best all-round dyspepsia remedy I have ever seen. It will not disappoint you in any properly selected case. In closing I ought to say that it is of much service to the dyspeptic to drink a teacupful of hot slightly salted water an hour before breakfast, which should be the lightest meal.

**SUMMER DIARRHEAS.\***

By R. V. Dickey, M. D., Lima, O.

Somewhere and somehow, in the days that are gone, humanity contorted the Adamic admonition into, "The days wherein you fail to eat, you shall surely die." A man's pigs in health are the object of his closest attention; his children the object of his indifference. Possibly that is because his pigs are according to his desire, his children the results of his accidents. But that is another story.

However, it is notoriously true that children, as a rule, are carelessly, promiscuously and indifferently fed. They are given anything that will keep them quiet, and were it not that nature has various methods of protecting her own, humanity long ago would have fed itself into annihilation.

But let a child fall sick, then the parents thereof bestir themselves busily, to feed that child three square meals a day, with a piece between times.

Ninety-nine per cent. of the summer diarrheas among children, are physiological manifestations of dietetic intemperance, and also, that somewhere between the indigestion of food and its ultimate assimilation, the processes of digestion either have been interrupted or perverted. It is chemistry that maintains the spark we call life—possibly it is the thing itself;—but, having given a marked increase in temperature, other compounds besides the proteolytic group are formed, which are inimical to physiological balance. We then have that long train of symptoms of nausea, vomiting, diarrhea, hyperpyrexia, tympanites, cerebral and spinal meningitis, cholera infantum and too often death.

As a rule, it is the hand-fed baby and the newly weaned and teething child, who are the victims of ignorance or over-indulgence.

On top of this we have the hot, sultry weather, unsanitary surroundings, and too often what is almost criminal carelessness. Truly life to the artificial fed baby, from the beginning to the close of the second or third summer, is one round of pleasure and medication.

Volumes have been written on the subject of infant feeding, but since each individual is in a way, a law unto himself, wise is he who can outline a course in dietetics which will fit any case. However, whenever possible, the period of experimentation should lapse ere the hot, sultry weather occurs.

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\* Presented at the bi-monthly meeting of the Allen County Medical society, June 6, 1906.

Since dentition is a physiological process it should not be attended with any more difficulty, than the outward growth of the hair, or nails, or any other normal epiblastic derivative, therefore we are inclined to believe that dentition in itself is not a cause of indigestion, but that digestive disturbances are causes of dentition difficulties.

To briefly resume, the causes of summer diarrhea may be divided into two classes; *i. e.*, objective and subjective.

Under the first head the primal cause is ignorance or carelessness in the application of proper dietetics; such as overfeeding, improper food and irregularities. Too often the child is given the bottle to keep it quiet, when water is what is required.

Second. Unsanitary surroundings, lack of cleanliness and insufficient aeration in the hot, sultry weather.

Under subjective causes may be grouped the toxins and ptomaines that are formed as a result of hyperpyrexia, together with the runaway tendencies of a mechanism not yet thoroughly balanced.

With the causes before us our methods of treatment outline themselves:—

1. Proper sanitation.
2. Bold starvation.
3. Control the vomiting, clear out the intestinal canal, and furnish fluids to the depleted tissues.
4. Control hyperpyrexia and put a curb on the runaway nervous system.
5. Treat special symptoms as they arise.
6. In convalescence step lightly.

Bold starvation is often easier commanded than enforced. Over-anxious friends and neighbors will insist that to eat is to live and the doctor who interdicts it is cruel, inhuman, and ignorant.

As to the other indications, I will say that since different individuals have different temperaments, it is readily comprehended that common causes may have different methods of manifestation in different individuals. A natural sequence would be that there are no specifics for special diseases, but there are specifics for special nosological manifestations.

Don't forget that constant bathing of the temples and forehead, together with gentle fanning, will fight off threatened spasms until you can get results from your antispasmodics.

And so we might go on to a tiresome length. But in closing allow me to state, that the sudden arrest of a physiological process, in an organism where the mechanism is new and unaccustomed to sudden shocks and changes, is very liable to create serious complications in the very center of the nerve-giving

power—the cerebro-spinal. This is why opium and its compounds work such havoc in our febrile, infantile summer diarrheas.

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### PARISIAN MEDICAL CHIT-CHAT.—OF WHAT DISEASE DID LORD BYRON DIE ?

Translated by T. C. Minor, M. D., Cincinnati.

Dr. Henry Labonne, of Paris, has lately published in the "Gazette Medicale de Paris," an interesting paper on the cause of Lord Byron's death. We make the following abstract:

"If ever two poets on earth resembled each other, it was Byron and Alfred Musset. Read 'Don Juan,' and then read 'Namouna,' and if it is true that the style is the man, we must conclude in the identity of the two celebrities. There are no other words to employ in order to present our idea. On this same earth these two men also met on a common ground, i. e., they were both, at times, alcoholic. Musset was a large absinthe drinker, and *too much* was the favorite excuse offered for his absences from the French Academy. Byron always boasted of his drinking capacity. He defied one of his rivals on three points, '1st, To swim an equal distance, a league at sea, with him; 2nd, To drink, cup by cup, with him four bottles of Bordeaux; 3rd, To make an editor pay him \$5000 for a single poem.'"

Another of Byron's friends, an excellent physician, once published "Conversations with Lord Byron" and this is what Doctor Medaris said in 1823:

"I saw with regret that Lord Byron had fallen into a condition of indolence. He had almost ceased riding out on horseback, and ate but very little. He had grown emaciated, and his digestion was poor and painful. For the purpose of keeping up he *drank too much wine*, but his favorite drink was *gin*. He drank a pint of gin almost every night. He said to me gayly, 'Say, Medaris, why do you not drink? Gin mixed with water is the sole source of all my inspirations. If you drank as much as I do, you could make as good verses as mine. You may rest certain that gin is the only true Hippocrates.'"

All of which reminds us too of that greatest of all American poets, Poe, the immortal author of "The Raven," was also admitted the inspiration of alcohol.

But to continue about Lord Byron. *A pint of gin* represents

600 grammes of alcohol at the least at 70 per cent., so no wonder the great British poet had indigestion. So had Bobby Burns, the grand Scotch poet, when he took pottheen to write "Tam O'Shanter." But all grand poets like Homer, Virgil, Anacreon, Ovid, and the ever classical, were wine-bibbers.

Yes, Lord Byron was alcoholic at times, for his physican tells us so. Now let us see how Lord Byron died.

On the 9th of April, 1824, the man whose least action had awakened the curiosity of literary Europe, the poet who had taken up arms in defence of Greece, took to his bed never to leave it again in life. His valet, Fletcher, has left a record of events.

Before this last attack of illness he had been sick on February 15, 1824, and in that instance the valet states as follows:—

"Lord Byron was seated in Colonel Stanhope's apartments, the latter being an agent of the Greek Committee. He had chatted gayly with Mr. Perry, an engineer, when suddenly he turned pale, his features betokening acute pain. He complained of weakness in the limbs, then stood up, but feeling unable to walk, he asked for assistance. He then fell over in a convulsion and was put to bed. He soon recovered consciousness; his speech restored, he said he felt better, but was weak from the violent exertions he had been making. During all of this attack, he showed his habitual firmness; his efforts to overcome the pain of the attack appeared supernatural. In the space of one month these attacks were repeated four times, their violence yielding finally to the medical treatment of his physicians. Bleeding, baths, mental rest had a good effect, and he seemed to be slowly recovering his health. The medical reader with some sagacity may interpret the meaning of these attacks.

"On April 9th, fatal day for Lord Byron, he took to his bed in the flat, marshy, unhealthy country of Missolonghi: history does not say he was bitten by any mosquitoes.

"Although he had a little fever during the night, he slept very well, but on the afternoon of the next day he was seized with an insomnia that never left him. Now he lost all his appetite. On April 13th, Doctors Bruno and Millingen were called in to see Lord Byron. They told him if he would keep quiet for a few days that he would be all right again. On April 14th, Fletcher demanded that Doctor Thomas D. Zahne should be called in consultation, but the other two physicians persevered



in their optimism and refused to converse with a third doctor; they bled and purged Byron most violently." On April 17th, we quote Fletcher again:—"Lord Byron grew weaker and weaker. On the 17th he was bled in the forenoon once, and twice again in the afternoon. After each of these bleedings Byron fainted, and would have fallen over had I not sustained him in my arms. In order to prevent such an accident, I lifted him thereafter. This day my master remarked twice, 'I can not sleep, and you know I have not slept for a week. I know that any man who does not sleep within a certain time will surely go crazy, and then he can not be saved. I would a hundredfold rather blow my brains out than become insane. I have no fear of death, and it is coming sooner than you think.' Yet, I had no idea that Byron felt the approach of death until the 18th, when he said to me, 'I fear you and Tita will become ill watching me so long day and night.' I replied, we should never leave his side until he was much better. As he had been a little delirious from time to time, since the 16th, I was careful to take away his pistols and a knife he kept at his bedside.

"On the 18th he often spoke to me; he seemed to be discontented with his physicians. I then asked him to permit me to call in Doctor Thomas. He said, 'Send for him at once. I am vexed that you did not call him in sooner, for I am sure that those other doctors are mistaken as to my illness. Write to him, for I know he does not care to see those other physicians.

"I lost not a moment in executing his order, and likewise sent for Dr. Bruno and Mr. Milligen, who told me I had done right, for they too were growing uneasy. When I returned to Lord Byron's room he asked, 'Have you sent for our man?' I replied, 'Yes, my Lord,' and he remarked 'You did right.' Although he did not appear to deem his end near, I noticed that he was failing from hour to hour and growing delirious. He said to me at the end of one of his wild attacks:—"I commence to feel that I am seriously ill, and if I die suddenly I now wish to give you some personal instructions that I wish executed. I asked him what he desired. 'Let me go, my Lord, and get pen, ink and paper.' He exclaimed, 'Oh! my God, no! you will waste too much time and I may be gone. Pay attention to what I say.'

"It was almost noon when the physicians held a consultation, and decided that my Lord must have some cinchona in wine. For eight days he had taken nothing, as I have before observed.

With the exception of a few words that I will repeat to those for whom they are intended and that I will communicate in due course of time, it was impossible to understand what my Lord said after he had taken his quinine. He had an evident desire to go to sleep. I asked him, 'Shall I go for Mr. Perry?' He answered: 'Go and hunt him up.' Mr. Perry begged him to keep quiet. My Lord shed a few tears and appeared to sleep. Mr. Perry left the room in hopes of finding Mr. Byron more calm on his return. Alas! it was the lethargy that preceded Lord Byron's death. The last words I heard him utter were on the evening of the 18th, about 6 o'clock, 'It is necessary for me to sleep now.' He allowed his head to drop and never raised it again. He did not make a single movement for twenty-four hours. He had suffocating attacks at intervals with rattling in his throat. I called Tita and we raised his head, and it appeared as if he were stupefied. The rattlings in his throat came about every half hour, and each time Tita and I raised his head, until the evening of the next day, the 19th, when I saw Lord Byron open his eyes and then close them without any sign of pain and without making the slightest movement of his limbs. 'Oh, my Lord,' I cried; 'I fear my Lord is dead.' The physicians felt his pulse, and said, 'You are right. He is dead.' "

Lord Byron was 36 years of age. Medurin relates that a medium told Lord Byron that two dates were fatal ones in his life; *i. e.*, 1814 and 1824. In 1814 he married, only to separate in a short time. In 1824 he succumbed to what the doctors called an attack of pernicious fever or typhus. Perhaps it was the too strenuous bleeding of the doctors.

Dare one formulate a moral from this death of Lord Byron? Yes, even if we defy the medical theories in vogue.

They bled then, even as some do now. In our day they experiment too, only with serums, thus displaying no less a degree of murderous medical daring. Let us repeat, then, what the celebrated Professor Peter says in his Clinical Lectures, "Those who first opened the veins of their fellow men to deprive them of their life blood were audacious," and let us add, those doctors who at the present day dare to inject their poisonous serums, such, for instance, as the virus from the spinal cord of hydrophobic dogs, and even those who turn mosquitoes into poison carriers for experimental purposes, are the cause of many deaths." Let the translator add that when men dare to go into yellow fever hospitals, men who are not immune, and remain there under

mosquito bars, free from all contact with the insects, and remain free from all yellow fever poisoning, then there will be some sense for believing that all the malarial fevers may have their origin in mosquito bites, but not before. What modern quarantine officers would permit the entrance of non-fumigated cargoes from infected ships even in winter when no mosquitoes were present? But, this is a digression, an interpolation as it were, that needs no further discussion, at least in this paper.

### A CASE OF SELF-CASTRATION.

By W. F. Welkal, M. D., Lewisburg, O.

On July 25, 1905, I received a hurry call in consultation with Dr. Cusick, of this place, in the country about one mile.

Roy S., aged 17, one of those degenerated masturbators of whom the poet says, "The time to educate is a thousand years before he is born," was found in the water closet by his parents almost exsanguinated from loss of blood.

A few days prior, in company with another boy of the neighborhood, who also was a follower of the "silent vice," he was told by him if he did not remove his testicles he would only live but a few days. This so worked on the poor fellow that in a fit of desperation while in the corn-field working he sharpened his knife and removed his left testicle. He was able to crawl to the out-house, a distance of one hundred yards, and was there found and removed to the house.

Dr. Cusick being called, he immediately sent for me and I responded at once. On entering the house, the most miserable evidence of unsanitation met my eyes. The floor without any carpet, the walls black and grimy, the beds a mass of rags and filth. The boy was lying on one of these beds covered with a dirty, bloody sheet, and almost exhausted from loss of blood. The scrotum was distended with blood the size of a child's head and blood oozing out of a large, gaping wound. Realizing that something must be done at once, I improvised an operating-table out of the family table, and spread an old comfort on it, and the only single clean sheet on that. I had him removed from his bed to the table. I immediately used a compress over the inguinal region to stop hemorrhage and had the doctor give the anesthetic, chloroform being used.

After getting him well under the anesthetic I turned out the blood clots and clipped all blood-soaked or congested tissue

away, and as he had cut the testicle close to cord it left a mass of open-mouthed blood vessels ready to spill out their contents. I used catgut ligature and completely encircled the cord, thus cutting off the blood supply.

Leaving the original wound open, I packed it with iodoform gauze and expected it to heal by granulation.

At this date, August 1, 1905, patient is doing nicely, the wound is healing with but little pus, and a good recovery is expected.

Much has been written about allowing such degenerates to marry. Surely a law could be passed forbidding such marriages, but it would not prevent the propagation of their species.

Had this young fellow's father been castrated twenty-five years ago, the bringing into this world of about one-half-dozen degenerates would have been prevented.

### REMEDIES FOR PATHOLOGICAL CONDITIONS.\*

By George M. Hite, M. D., Nashville, Tenn.

If I were able to handle this subject as fully as the truth of it in principle demands, it would be a much better paper than it is. But subject is as true as God himself, being a principle truth emanating from the infinite mind of Jehovah; hence, it would require an infinite mind to fully explore its depths and bring to light its vast treasure.

When Solomon asserted that there is nothing new under the sun, he enunciated the great fundamental principle of truth that every thing and condition had their existing counterpart, though it may be unknown to man—that there was nothing that comes forth *de novo*. Hence, our object should be, by research, to become as familiar as possible with the existing mutual relation of all things, and thus be sure not to interfere with the harmonious tendency of their ultimatum.

From this noble principle of the truth the late lamented and immortal Scudder evolved and developed our present specific diagnosis and medication, which is the best system of medical practice with which man has been blessed. In fact, in principle, it is the acme of medical practice, and doubtless will, in the near future, become the beacon light by which all schools of medical practice will guide their barks to safe anchorage in the haven of medical bliss.

It is by strict adherence to the sacred principles of truth, by

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\* Read before the Tennessee Eclectic Medical Society, May, 1905.

which, if we be free, we shall be free indeed, that we shall ultimately attain to the knowledge of the great economic, scientific fact, that there is a remedy for every pathological condition. Let such an end be the guiding star of our specific medication compass.

I will now give a few examples of remedies coming within the sphere of the subject found in the caption of this short article.

SP. ACONITE is the specific remedy for a teasing, hacking cough, the result of a recent cold. Having an affinity for mucous membranes, it becomes the sole remedy needed in a recent bronchitis, or pneumonitis, if there be the small, frequent pulse, with chilly sensations, with or without thirst for large quantities of water. In 1-5 to 1-10 drop doses, it will induce sleep the first night after parturition.

SP. ASCLEPIAS.—Pulse strong, skin moist, pain worse on motion.

FOWLER'S SOLUTION.—Chronic cough, atonic mucous membranes, cachectic condition, extreme weakness, cold extremities.

SP. BERBERIS AQUI.—All forms of chronic catarrh, but especially if there be tumid and profusely secreting mucous membranes.

SP. COLLINSONIA.—Minister's sore throat, use of voice produces cough.

CAL. F. 3x.—Greenish or yellow lumpy mucus in nasal catarrh, odor of dead bone, asthma when small lumps of mucus are raised with difficulty.

CAL. SUL.—1. Third stage pneumonia, with sanious mattery sputa. 2. Catarrh, with same character of mucus, abscess of lung. 3. Chronic hoarseness.

CALC. SULPHIDE.—Pyemia from abscess of lung, catarrhal troubles with debility and mattery expectoration.

DROSER.—Expulsive irritation, uncontrollable explosive cough, dryness of air passages, cough of consumption.

SP. EUPHRASIA.—Acute coryza with sneezing and watering of eyes and nose.

FERRI PHOS. 3x.—1. Dry cough with soreness in la grippe, bronchitis, pneumonitis, etc. 2. Cough, pain and soreness, made worse by motion. 3. Easy to take cold, give cal. phos. and ferri phos.

HYDRASTIS.—Chronic catarrh, with mucus falling from posterior nares, emaciation and loss of appetite resulting.

SP. HYOSCYAMUS.—Acute or chronic coughs, worse when lying down; better from rising up.

SP. IPECAC.—Pneumonia and bronchitis, if there be dry irritative cough, wheezing rales, small expectoration, etc. 2. cough made worse by going into cold air.

SP. JABORANDI.—Dry, crusty pharynx from acute or chronic catarrh.

KALI BICHROMATUM.—Mucus is glairy, tough and adhesive, acute hoarseness, croup, etc.

KALI MURIATUM 3x.—Pneumonia, bronchitis and catarrh, mucus white, thick and opaque, hypertrophy of mucous membrane.

**KALI SULPHATUM 3x.**—Pneumonia, bronchitis and catarrh, mucous yellow, thick and opaque.

**KALI IODIDUM.**—Pleuritis with effusion, chronic catarrh, and incipient pulmonary consumption.

**SP. LOBELIA.**—Congestion of lungs, pneumonia and bronchitis, with loose, rattling mucus, oppression of chest, etc.

**SP. LYCOPUS.**—Incipient phthisis with high fever, sense of burning and soreness in chest. Dose, 5 to 10 drops two to three hours apart.

**MAG. PHOS. 3x.**—True spasmodic cough, loss or perversion of sense of smell, spasmodic asthma with flatulency, pleurodynia, etc.

**NATRUM SULPH. 3x.**—1. Pus in catarrh becomes green from exposure. 2. Asthma worse in damp weather. 3. Humid asthma. 4. Chest must be compressed when coughing.

**NATRUM MUR. 3x.**—Chronic catarrh with loss of smell, mucus has salty taste, secretion from mucous membrane is water or clear mucus. Asthma with watery mucus, tight, burning pain in kidneys, etc.

**PENTHORUM.**—I never got anything but negative results. Did you?

**SP. PHOSPHORUS.**—Pneumonia with rusty sputa, dry, hacking cough; phthisical disposition with drowsiness after meals.

**SP. PULSATILLA.**—Hysterical cough, accompanied usually with the "globus hystericus."

**SP. RHUS TOX.**—Hacking, teasing cough that makes the patient change his position often.

**SANGUINARIA NIT.**—Cough with tickling at suprasternal notch. Frothy, muco-purulent expectoration.

**STILLINGIA LIN.**—Croup, internally and externally. A hacking cough that will not let the patient go to sleep; especially useful in children.

**SP. STICTA.**—1. Pneumonia, la grippe, or consumption, with general soreness in chest, cough with profuse expectoration.

**SILICA 3x.**—1. Night sweats with great debility. 2. Chronic bronchitis with mattery sputa. 3. Chronic catarrh with fetid discharge. 4. Caries of nasal bone—most excellent in phthisis for lung debility. 5. Weakness, deep-seated pains in lungs, 6. In abscess of lungs it is fine.

**SP. VERATRUM.**—The remedy par excellence for pneumonia, if there be the full, bounding pulse. We give it for its inhibitory influence, and thus overcome the active congestion and inflammation of the lung.

#### Miscellaneous Remedies.

**AMMONIUM MURIATUM.**—Cough made worse by singing or talking. In pneumonia if there be capillary stasis and lack of secretion.

**POTASSIUM ACETATE.**—Mealy sediment in urine: case in point.

**CALC. CARB. 3x.**—Pneumonia or phthisis if there is mattery sputa or great constitutional debility.

**HYDROZONE.**—Diluted one to four with sterilized water, sprayed into nasal cavity and pharynx, is said to be excellent for chronic catarrh.

## INSANITY.\*

By Kimmell Rauch, M. D., Johnstown, Pa.

**DEFINITION.**—In the present state of our knowledge, it is impossible to frame a definition of insanity which, while it meets the practical every day requirements, is constructed on scientific principles. Owing to the unsettled opinion of alienists in regard to the definition of insanity, it has been proposed that an expert witness should decline to define the term. At present this is the position to take in course of law.

The original meaning is "not sound," "not in health,"—a term that may be applied to any sick person, but defining nothing. Though the terms have been limited to a morbid condition of the brain, it is of no more importance to us than the term "lung disease," "stomach disease," etc.

Should you be asked to define insanity by an attorney, you should decline to do so. If you make an attempt, you can rest assured you will fall into his net, and be made the subject of mirth for the court and jury. Just so soon as you attempt the defining of the term, you will find yourself confronted by numerous conflicting definitions by the attorney, and will not be able to extricate yourself from the net he has woven around you.

The general practitioner of medicine should have some practical knowledge of mental disturbance, owing to its frequency among all classes of society. Many cases in which we have suicidal tendencies, violence, etc., can only be cared for in an institution for the insane. There are many others, in whom the disease is mild, that can be better treated at home than in asylums. We have types just as curable as the ordinary diseases met with by the general practitioner of medicine, and should be classed with these, and subject to the same hygienic and other laws.

**EXAMINATION OF INSANE.**—The first step in the examination of an alleged lunatic should be the study of his features, manner and attitude. In some cases these will not betray the mental state, but in the majority they afford such indications of the insanity as to allow a personal opinion as to the form of insanity, and thus enable him to adopt the line of examination by the inspection of the patient.

In the examination the physician will be guided in greater part by the expression of his countenance and the first words spoken, if done so spontaneously. There is no fixed rule to

follow in the examination; one should not appear too searching or anxious in the examination of an alleged insane person, nor to give the impression that the examiner is interested in the mental features of the case. Usually a patient you are called upon to examine will not likely be communicative to a stranger at first, and an immediate cross-questioning with regard to mental symptoms is almost certain to defeat the purposes of the examination. A person may apprehend that he is considered insane, and occasionally cases may occur where they realize their insanity, but would be as little desirous to be pronounced insane as a patient in private practice would be to have the existence of some specific disease made known in the presence of his family. One fact then comes to the physician, namely, that the insane are, as a rule, deficient in concentrating power and in self-control, and that, however firmly they may resolve to not reveal their thoughts, yet a prolonged examination will evoke involuntary admissions which once secured enables him to reach to the center of mental condition.

Approach him in a circuitous way, examine him as to his physical state which is a line he dare follow as a physician without exciting the suspicion of the patient. Few patients will suspect that an examination of their tongue can refer to their mentality, though a fibrillary tremor may prove of significance to the physician. The existence of visceral disturbances, of disordered sensations and pains, and of imaginary complaints in some render them very willing to be examined on these points. The change from this one to that of sleep is an easy and rational one, and appears legitimate to the most suspicious. If sleep is disturbed the patient may make avowals suggestive of hallucinations.

In others a few questions as to business or family troubles, made on the assumption that these may bear a relation to his physical disorder, may lead to a confidential communication as to conspiracies, etc. (marital infidelity, commission of some crime).

**GENERAL TREATMENT.**—First, we must have a good nurse, without which we can not hope to control, or to have a regular course of treatment carried into effect. Next in order is good food; if we do not have this, all efforts to increase nutrition will be in vain. Third, good air with pleasant surroundings. General hygienic treatment is of much more importance than the administration of drugs. A majority of these patients come to the physicians with a lowered physical condition, very anemic,



and needing as much food as can be assimilated. No doubt of all the foods eggs and milk are the most important; give them in the form of eggs beaten up in the milk. Milk with egg albumen will be retained by delicate stomachs when other articles of food are rejected.

In insanity in anemic individuals you can add brandy or whiskey to the milk diet, but in organic disease of the brain it acts as a cerebral poison.

Vegetables and fruits, excepting those containing much starch, meats in the form of broths and soups. Many melancholics and maniacs have to be fed through the stomach tube, which is inserted through one of the nasal orifices, or through an opening between the teeth. Rectal feeding must sometimes be resorted to.

Build up your patients by the administration of *tonics*. The elixir phospho-muriate of quinine with the addition of pulsatilla will be serviceable in most all cases.

The majority of insane persons have a tendency to a torpid condition of the intestinal tract, and a moderate degree of jaundice is often present. Before the beginning of any course of treatment, order some form of cathartic—my preference is to give it in some saline form. Pluto water, either concentrated or in the natural form, answers the purpose of flushing intestinal tract, and also stimulates secretion of liver.

Bathing, tonic or sedative, as may be needed. Hot baths should not be prolonged on account of their depressing effect. Don't use hypnotics unless it is absolutely necessary.

#### EUONYMUS.\*

Dr. J. R. Bangert, M. D., Shippenville, Pa.

The common name of this very valuable drug is "wahoo." It is a native of the United States, and its natural habitat is in the rich lowlands. It grows as a shrub and oftentimes attains the height of sixteen feet; the bark of the root is the part used.

*Medical Properties.*—Cathartic, cholagogue, tonic and alterative.

*Specific Indications.*—Yellowish tint of conjunctiva and around the mouth, tongue coated yellow and sallow complexion. Its main action is upon the glandular organs, especially the liver.

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\* Read before the Pennsylvania Eclectic Medical Association, June, 1906.

*Medical Uses.*—Wahoo gives better results in chronic cases; especially is this so in malarial conditions after the acute stage. It has given excellent results in chronic catarrhal conditions of stomach and bowels, chronic nepatitis, gall stones, uterine catarrh, rheumatism, edema of the cellular tissue, especially swelling of the limbs, glandular enlargements, especially the liver and lymphatic glands; also it will be found serviceable in chronic bronchial and pulmonary troubles, and in anorexia due to hepatic torpor and constipation.

The form usually used of this drug is the fluid extract with a dose of from five to sixty minims.

I have used this drug quite extensively, during the past fifteen years of my practice, and can say that I have received very gratifying results from it, when indicated.

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## SETON HOSPITAL REPORTS.

PROF. L. E. RUSSELL, SURGEON.

CASE 94.—Mrs. M. has been under treatment with the x-ray for an ulceration of the left mamma, the ulcerated condition extending over a place as large as a man's hand, and fully one and a half inches in depth in the deepest place. The patient was referred to the clinic by Drs. Guncle and Rainey, of Newport, Ky. with the advice that the patient had been under their observation for several months, with a greatly increasing destruction of the tissues. The woman had been placed under the impress of x-ray for about a dozen times of from ten to fifteen minutes duration, when we found that the destruction had subsided and the parts taken on a healthy granular condition.

It is hard to say at this time whether this condition is tubercular or carcinomatous, or a mixed condition. The patient's health has greatly improved under the x-ray treatment; and while I do not pretend to be very enthusiastic about the treatment of this condition with the x-ray, I must in this case give credit to the goodly influence of the therapeutic action of the x-ray on the necrotic tissue.

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### EXAMINATION QUESTIONS.

KENTUCKY STATE BOARD OF HEALTH, APRIL, 1905.

#### OTOLOGY.

1. Give symptoms of acute otitis media
2. Give diagnosis of mastoid abscess.
3. What ear symptoms indicate fracture of the skull?

4. Give diagnosis and treatment of eczema of the external auditory canal.
5. What ear complications may result from tonsillitis?

## OPHTHALMOLOGY.

1. Give cause and symptoms of ophthalmia neonatorum.
2. Describe the iris.
3. What is the treatment for ptosis of the eyelid?
4. (a) How would you detect a foreign body in front of the lens? (b) behind the lens?
5. Diagnose cataract.

## MEDICAL JURISPRUDENCE, MENTAL AND NERVOUS DISEASES

1. What is malpractice?
2. How would you distinguish human blood stains on clothing?
3. What are the symptoms of poisoning by wood alcohol?
4. When is abortion legally justifiable?
5. How would you differentiate between narcotic poisoning, drunkenness, uræmia, and concussion?
6. Differentiate between hysteria and melancholia.
7. Name and define two forms of insanity.
8. What mental conditions render a testator capable of making a will?
9. How would you distinguish between a male and female skeleton?
10. Differentiate between infantile paralysis and idiocy.

## PHYSICAL DIAGNOSIS.

1. Give the abnormal heart sounds and the point of the greatest intensity of each.
2. Give method of examination in suspected pleuritic effusion.
3. Give physical signs and method of examination in ascites.
4. Give the land-marks for the colon.
5. Give physical signs for chronic salpingitis.

## BACTERIOLOGY.

1. How do cells multiply?
2. What is a germicide?
3. How would you secure a pure culture of the bacillus typhosus?
4. Give Koch's postulates or rules in regard to the bacterial cause of disease.
5. Describe the bacillus tuberculosis, and detail a method of staining it.

## HYGIENE.

1. Define hygiene.
2. How would you manage a case of phthisis pulmonalis to avoid danger to the other members of the family?
3. How would you manage a case of scarlet fever to prevent its spread, and what precautions would you take to avoid conveying it on your own clothing or person?
4. What is the source and danger of carbon monoxide in living rooms?
5. What are the qualities desirable in water for drinking purposes?

## ANATOMY.

1. Describe the great sciatic nerve.
2. Describe the hypoblast and mesoblast, and tell what structures are formed by each.

3. Describe one of the following bones: Femur, radius, or astragalus.
4. Describe the circle of Willis.
5. Describe the deltoid muscle.
6. Give the principal points to which the pneumogastric nerve is distributed.
7. Describe the gross and minute anatomy of the kidney, and give the relations of structures entering and leaving it.
8. Name the muscles of the gluteal region.
9. Describe Poupart's ligament.
10. Describe the foramen of Winslow.

## SURGERY.

1. What is epistaxis? Give causes. How would you treat it?
2. Give the most common seat of fracture of the lower jaw and the treatment.
3. Give the general points of difference between malignant and non-malignant tumors.
4. Give the symptoms, methods of diagnosis and treatment of an enlarged prostate.
5. What are the varieties of fistula in ano? Give treatment.
6. Give the classification of aneurisms, and tell how spontaneous recovery may occur.
7. What is a sprain, and tell what tissues are involved? Give treatment for sprained ankle.
8. Give causes and treatment of varicose veins of lower extremity.
9. How may a fatty embolism of the kidney occur after a fracture?
10. Describe a carbuncle and give treatment.

## OBSTETRICS.

1. Describe the mechanism of a normal labor.
2. Give symptoms, causes and treatment of acute mastitis.
3. Differentiate between pregnancy and fibroid of the uterus.
4. Give the cause and treatment of post-partum hemorrhage.
5. How would you distinguish and manage a breech presentation?
6. Give the method of determining the quality of the lacteal secretion.
7. Give the diagnosis and treatment of foetal death in utero.
8. Give cause, diagnosis and treatment of puerperal eclampsia.
9. Give indications for and methods of podalic version.
10. Give prognosis for mother and child in placenta previa.

## GYNÆCOLOGY.

1. How would you proceed to find whether a woman whom you had just delivered had a lacerated perineum, and how would you repair it?
2. How would you diagnose and treat acute gonorrhea in the female?
3. What are the most common benign growths found in the cavity of the uterus? Causes, symptoms and treatment?
4. What would you suspect in a woman of fifty with a slight, constant, bloody uterine discharge, and how would you confirm or disprove your diagnosis?
5. How would you diagnose and treat ectopic gestation?

## PATHOLOGY.

1. What diseases are attended with cardiac hypertrophy?
2. Describe the pathological changes in hip-joint disease.

3. Describe the pathology of acute miliary tuberculosis.
4. Give the pathology of various forms of goitre.
5. Give the pathology of arterio-sclerosis.
6. Give the pathology of the different forms of pleurisy.
7. What diseases are attended with ulceration of the intestines?
8. What general pathological lesion characterizes chronic alcoholism?
9. Give the pathology of rickets.
10. What is a parasite? A saphrophyte?

#### PHYSIOLOGY.

1. Describe the various kinds of blood corpuscles, give their origin and function.
2. Name the principal digestive enzymes and their functions.
3. Describe a cardiac cycle, and give the phenomena attending it.
4. Describe the reflex centers.
5. Give the function of the skin.
6. Give the functions of the lungs, describing the various processes.
7. Give the physiology of vision.
8. Describe the lymphatic system, giving its functions.
9. How is animal heat produced, preserved and dissipated?
10. Describe the different kinds of muscular tissue and mode of action of each.

#### CHEMISTRY.

1. Mention ten elements, giving symbol, atomic weight and valency of each.
2. What is sulphur? How is it obtained? Give test for it.
3. How many kinds of heat? Describe them.
4. Give tests in detail for albumin in urine. Sugar,
5. Define the meaning of the prefixes, hypo-, proto-, bi- and per- in chemical nomenclature. Give examples.
6. Name the alkaline metals.
7. What are alcohols? How classified? Give an example of each class.
8. How determine the presence of organic matter in water?
9. What are acids? What are salts? How are each produced?
10. Give March's test for arsenic.

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### EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTE, M. D.

#### OCCUPATION RHINITIS.

*Synonym.*—Traumatic rhinitis.

*Etiology.*—The acute inflammation of this form may result from irritating vapors, as ammonia, bromine, chlorine, etc., or the inhalation of floating irritating material in the air, as found in flour mills, or among coal miners, wood carvers, weavers, hat makers, etc. Steam and smoke also come under the list of causes, but the nasal membranes are not affected as much as the pharyngeal. Foreign bodies or direct injury are often fac-

tors. The fumes of many volatile drugs will not only cause the condition, but will also prevent any especial relief, until the exciting cause is removed.

*Pathology.*—The morbid changes do not vary from those of simple acute rhinitis, unless the result of the irritating fumes of bichromate of potassium, arsenious acid or mercury, the effect being only local. Subsequent to acute inflammation local areas of degeneration may be found, which implicate the submucosa, forming ulcers, at first small and round, gradually becoming larger and oval. This generally occurs on the cartilaginous portion of the septum and sometimes causes perforation.

*Symptoms.*—The general symptoms are tickling sensations in the nose, followed by paroxasms of sneezing, accompanied or followed by a profuse secretion. This secretion is watery in character at first, but later assumes a greenish tinge, is thicker and more tenacious. When superficial necrosis begins, the secretion forms in crusts, and as the process goes on to ulceration hemorrhage occurs. There is seldom any fetor. The upper and posterior portion of the cartilaginous septum is most frequently affected by the ulcerative process, although the turbinates may be ulcerated. The lower anterior portion of the cartilage is not affected, and falling in of the nose does not occur.

*Prognosis.*—Usually good if the exciting cause is removed. It is supposed that those who recover from this form of rhinitis are less likely to have catarrhal inflammation of the nasal tissues.

*Treatment.*—Removal of the cause is essential. If the patient's vocation is such that avoidance of the irritating material is impossible, the nasal tissues should be protected from the irritant, preferably by the use of a mask or inhaler, but the use of moistened plugs of cotton or wool may be used, changing them frequently, especially when exposed to acrid or acid fumes.

Locally, the alkaline wash or salicylic acid wash. Internally, when there is a tendency to ulceration, or if ulceration has commenced, the administration of potassium bichromate. Local cleanliness, however, is of the utmost importance.

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## EPIDEMIC INFLUENZA.

*Synonym.*—La Grippe.

Coryza in this case is usually very severe and nearly always a painful, paroxysmal cough accompanies it. The systemic symptoms usually appear so early that a mistake in diagnosis is inexcusable. The effects of this disease on the mucous mem-

brane of the upper respiratory tract and accessory sinuses, as well as the sequæ, are important.

Pfeiffer's bacillus is now supposed to be the causative factor of this disease, but its method of attacking and penetrating tissues is certainly erratic. Acute otitis media, which rapidly becomes a suppurative process is frequent, as well as acute mastoid disease. Either or both of these may be associated with or follow lagrippe.

The frontal sinuses are usually affected in the early stages of the disease. The ethmoid cells are affected either early or during the most severe stage, and often becomes a chronic suppurative ethmoiditis, in which it differs from an ethmoiditis resulting from ordinary coryza, or that resulting from the infectious fevers. The antra of Highmore are the most frequently affected, suppuration rapidly occurring. Tonsillar and peritonsillar inflammation is frequent, and usually ends in suppuration.

The effect of epidemic influenza on the mucous membrane is variable, and seemingly not in proportion to the severity of the attack. A mild attack may cause a persistent irritated and thickened condition. The pain and discomfort during such an attack may be much more severe than the macroscopic appearances would indicate. Occasionally blood clots will form on the membrane of the upper respiratory tract, without a true hemorrhage, and the membrane will be sensitive, dry and painful, and with very little swelling. The removal of the clots will not be followed by bleeding, but in two or three hours there will be new clots. The usual location is in the pharynx and nasopharynx, although it may occur in the nares. The expectoration of blood-stained mucus will have, in conjunction with the disease depression, a decidedly depressing effect.

After the subsidence of the disease, there is often both a subjective and objective thickening of the mucous membrane. The tissue presents a tough and unfiltrated appearance, and the entire mucous structure is usually affected.

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## PERISCOPE

### EXTERNAL AND INTERNAL HEAT IN ANURIA.

We have often mentioned the exceeding value of continued external applications of heat over the kidneys in the treatment of anuria and the consequent uræmia, but there is no danger of urging it too often. A most important auxiliary to this treatment is the use of Grandin's method. He recommended

above the administration of drugs, continuous irrigation of the bowel with hot normal saline solution. While the catharsis which is indicated is awaited, and while the problematical effect of one or another drug is hoped for, the intestine may be irrigated, with the result of most profuse diaphoresis and, in the relief of the congestion of the kidneys, the betterment of all the alarming symptoms.

In the case under consideration, what we aim to secure is free catharsis and diaphoresis, with consequent abstraction from the circulation of the toxic elements which are at the bottom of the alarming symptomatology. The physician is dealing with a complication which must either be relieved speedily or, as a rule, eclampsia, coma, and death ensue.

He proceeds as follows: The woman is placed in the left lateral position, with buttocks elevated and head lowered. A large rectal tube is inserted into the bowel as far as may be, usually up to the sigmoid flexure. The rectal tube is connected with a gravity syringe, which is hung at least six feet above the patient's head. In case such a syringe be not at hand, the physician will find a funnel in every household, and this may be connected with the rectal tube by means of rubber tubing. Hot salt water is used for the irrigating fluid. The strength of the solution should be about one per cent., and the temperature of the water in the receiver about 188 degrees Fahrenheit. An attendant should hold the rectal tube at the anal margin to prevent its being expelled as, under the provoked peristalsis, the water is driven out of the bowel. From eight to ten gallons of water should be allowed to flow in. This accomplished, the woman should be wrapped in blankets and made comfortable in her bed. Meantime glonoin may be administered in full dose hypodermically in the event of the character of the pulse demanding it, or strychnine will act admirably. It may be stated here that, as a rule, in the condition under consideration, glonoin is called for, but the dosage must be large. Glonoin offers us the readiest of all means for relaxing the spasm of the renal capillaries.

Very soon after the irrigation, profuse diaphoresis sets in, followed by abatement in the alarming symptoms, and shortly thereafter the kidneys may begin to excrete again.

With this course I am certain that but few cases need prove fatal, if a moribund condition has not already set in. I have had an unusual experience in the treatment of these cases and I have seen nothing act so like magic as persistent moist heat.  
—*Ed. Ch. Med. Times.*



### HEART COMPLICATIONS IN DIPHTHERIA.

Franklin W. White and Howard H. Smith (*Boston Medical and Surgical Journal*), give their clinical observations of nearly 1,000 cases of diphtheria treated at the Boston City Hospital during one year. The cases were studied principally to determine character and frequency of heart lesions and their practical importance in prognosis and treatment.

About five per cent. were less than one year of age, 40 per cent. less than five years, and about 70 per cent. less than ten years old. In one quarter of the cases the illness was severe; more than one-half of these, or 132, proved fatal. Only a fourth of the deaths were from heart complications; the most frequent cause was bronchopneumonia following intubation or tracheotomy. These facts are opposed to Villy's statement that the majority of fatal cases of diphtheria die on account of heart complications.

The patients came mainly from the poorer classes, where treatment is likely to be deferred, so that most of them did not receive antitoxine until the second or third day; and of the severe or fatal cases, at least two-thirds were from four, five or more days without antitoxine treatment.

The symptoms and physical signs of cardiac disturbance are treated at length. About 60 per cent. of the cases showed irregularity of pulse. This sign was more frequent in the younger patients, and was observed in the severe, moderate, and even mild cases. It was very variable in its appearance and duration. The rhythm would change from marked irregularity to perfect regularity often within half an hour.

The number of patients with heart murmurs is a striking feature of the study: 878 had heart murmurs at either the apex or base, or 94 per cent. of the cases where the condition of the heart was carefully observed and recorded. These murmurs were not faint or doubtful, but for the most part were loud and blowing, and in each case were confirmed by two or three competent observers. The murmurs were all systolic in time, with the exception of those in a few cases of chronic heart disease. They were usually heard at the apex, frequently transmitted to the axilla, and associated with accentuation of the pulmonic second. The majority were accompanied with irregular heart action and outlasted the fever. In 90 per cent. of the patients with murmurs, this sign was present upon entrance to the hospital, and in about 78 per cent. of the cases one or more

of the murmurs were present at discharge. The duration of the murmurs after leaving the hospital is unknown, except in a few instances. Five or six of the patients were examined some eight months after their discharge, and each showed a murmur; two of these in addition, having cardiac enlargement and evidences of myocarditis. As to prognosis, the author believes that the presence of a murmur has little of value, as the sign is so nearly universal.

The clinical course of the cases does not explain the cause of these murmurs. Pathological studies show that they are probably due largely to relative mitral insufficiency resulting from changes in the heart muscles, or to changes in the innervation of the heart. Autopsies have shown that endocarditis and pericarditis are extremely rare complications of diphtheria. Cardiac enlargement was infrequent, and was found only in the severe cases. The writers believe that the frequency of acute dilatation and syncope has been exaggerated, as almost all of their fatal cases showed a gradual heart-failure. They agree with Poynton that dilatation of the heart is not so marked in diphtheria as in rheumatic fever.

In the patients with chronic heart disease, 17 in number, the course of the illness was no more severe than in the average patient.

The cases with heart complications are divided into three separate types. The first and more serious type have gallop rhythm, vomiting, epigastric pain and tenderness, run a short course of two or three weeks, and die in the majority of cases. The second type lasts for weeks or months, with a rapid, irregular, or regular heart, easily affected by slight exertion, and gradually becoming normal in rate. There are few other important symptoms. The third type is rare; its main feature is a very slow pulse, occurring at the end of the second or the beginning of the third week. There is a marked decrease in rate over a period of three days, the pulse dropping from 110 or thereabouts to 30 or even 20. The subjective symptoms are slight until the pulse reaches a low level (40), when signs of prostration set in. The sounds are weak, and a moderate degree of dilatation occurs. There were three such cases in the series, all fatal; 36 of the cases were considered as having serious heart complications. Two-thirds of these patients died. Four-fifths of the fatal cases had no treatment until after the fourth day.

The most important cardiac symptom is gallop rhythm; this was found in all the cases. The murmurs usually become indistinguishable upon the appearance of this symptom.

Late vomiting is the next important symptom. It was present in all but four of the fatal cases. In nearly every case the appearance of the gallop rhythm preceded the onset of vomiting from one to four days.

The next symptom is epigastric pain and tenderness. Nineteenths of the patients who had this symptom died. This symptom usually was closely associated in time with the appearance of vomiting, either a day or two before or a day or two after. partial paralysis was noted in 19 of the severe cases and in ten of the fatal cases. The importance of these symptoms (gallop rhythm, late vomiting, epigastric pain and tenderness) as danger signals, and their value in prognosis, are shown by the fact that they were very frequent in the severe and fatal cases, and very rare in those that recovered.

As to the treatment, rest in bed is considered of most importance in dealing with heart complications. The figures show that the serious complications nearly always develop within three weeks from the outset of the illness. Mild cases are allowed to be out of bed at the end of two weeks. The presence of murmurs and a slight degree of irregularity are no contra-indication if the first sound is strong and the heart is not dilated.

The severe cases must be watched for four or five weeks, but after this time the danger from serious heart complication is usually over. In cases with gallop rhythm, absolute rest in bed, upon a liquid diet, is necessary. At the first appearance of vomiting, food should be given by rectum. Strychnine gives the best results. Alcohol and digitalis are not well borne. Morphine may be necessary. The after-treatment of all except the mild cases consists in watching the effect of mild exercise upon the heart for several months, and grading it to meet individual requirements.—*Amer. Journ. Med. Sciences.*

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#### NUX VOMICA.

The profound stimulant influence of strychnine is so constantly brought to our notice that we are apt to believe that this is the only influence to be obtained from nux vomica.

Nux vomica must be studied with reference to its entire influence, and especially with reference to its influence in small doses.

The influence of the agent is that of a spinal stimulant pure and simple, with the power of augmenting nerve force to a most desirable extent, by increasing the nutrition of the nervous system entire. Its effects are not alone upon the motor

nervous system and voluntary muscles, but upon the sympathetic nervous system as well.

The specific indications for nux vomica are directly in the line of its influence in small doses, from one-half to four or five drops of the tincture upon the gastro-intestinal apparatus, when there is an impairment of tone, a general or local atonicity of the digestive organs concerned in the processes. This condition is sometimes induced by reflex influence apparent in the persistent vomiting of pregnancy, the vomiting or regurgitation of food present in hysteria, and the vomiting of phthisis pulmonalis, especially occurring in these latter cases after coughing and preventing the appropriation of the essential nutrition.

The same atonic condition is present with infantile diarrhoea of hot weather, in cholera infantum, in cholera morbus and in cholera proper. In the vomiting of these conditions small doses of this remedy frequently repeated is specific. In atonic congestion of the spleen or of the liver existing from malarial influences, with whatever disease manifested, it is the agent directly indicated. If there is a sallow skin, a sallow circle around the mouth, yellowness of the conjunctivæ, a thick, yellow, pasty coat on the tongue, fullness, soreness or pain in the region of the liver, no single remedy will act as this will.

There is a colic due to atonicity which is characterized by abdominal fullness, sharp pain at the umbilicus and a general torpor of the system, which is more quickly relieved by nux vomica than by powerful anodynes, and the relief by nux vomica is a cure. Sometimes, as we have suggested with other agents, an entire long train of symptoms will be relieved when its direct indications are cured by this agent. Nux vomica is the best stimulant to digestion and promoter of appetite that we have access to.—*Chicago Medical Times*.

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#### CHOICE OF AN ACID FOR GASTRIC MEDICATION.

Dr. Alfred Martinet, after a discussion of the various acids that may be employed, concludes that hydrochloric and phosphoric are the only ones admissible; he is strongly in favor of the latter, since it possesses the following advantages: It does not lessen the secretion of hydrochloric acid in the stomach. It is quickly neutralized in the intestine and changed into sodium phosphate, a normal constituent of the blood. It is eliminated, at least in part, by the kidneys as acid sodium

phosphate, a normal constituent of the urine. It lessens the acidity of the urine and contributes toward rendering the urinary tract aseptic. It acts on the nervous system as a tonic, especially in dyspeptics, and the results achieved by its use justify its employment. The author gives the following formula: Official phosphoric acid, 10 parts; acid sodium phosphate, 20 parts; water, 200 parts. Dose, one-half to two teaspoonfuls in a glass of water, wine or beer, to be drunk during the mid-day and evening meals. Its administration may be continued for long periods without the least bad effect.—*American Journal Medical Sciences.*

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#### LOCATIONS FOR ECLECTICS IN SOUTHERN CALIFORNIA.

Beyond the desert lies California! From time to time we are in receipt of letters from our friends and colleagues in the East asking for information regarding the probabilities of their doing a successful business in Southern California should they decide to make the change. Nearly all of these letters also enquire as to the suitability of this climate for certain diseases, indicating that a member of the family is also affected. Having been here for more than a decade of years, it is a pleasure to be able to answer each of these letters in detail, giving the results of our observation of the development of the country and our experience in treating the diseases brought here by the wanderers seeking health.

Inasmuch as these two questions more or less modified are asked in every letter, we have concluded that there is a widespread interest in Southern California, and that many look upon this as the land of "milk and honey"—a land desirable to see and know, where a man may live in comfort and die in peace. The heavenly Paradise is, we trust, afar off for each reader, but there is this other which may be reached with ease and comfort, and from which the traveler may return should he not be satisfied with the music as here furnished by nature's choir.

Recognizing this thirst for information about our climate we have carried in this Journal from its first number a department on Climatology under the supervision of Dr. J. A. Munk, a recognized authority on the subject. This is Dr. Munk's "hobby," and he is fully entitled to the prominence that he has gained, outside of this Journal, because of his persevering and painstaking investigation during a long residence. His articles are not only pleasing but they give the facts and we earnestly com-

mend them to the reader. Incidentally we might mention that Dr. Munk's new book, *Arizona Sketches*, contains valuable information for all those who are so fortunate as to be interested in that wonderland of nature, Arizona.

As to the probabilities of a professional man becoming established in Southern California it is the same old story. Has he been successful elsewhere? If so he can repeat it here, no matter what section of the United States may have been the scene of his former activities. Southern California is entirely cosmopolitan. There are so few natives that they do not make a showing. Here the stranger will find scores of men who are congenial because they have come from his own locality; they have shared his environments; they are in sympathy with his prejudices; they speak his dialect and their presence recalls memories of youth, pleasurable because they awaken thoughts of a time when life was roseate indeed. Thus, though apparently a stranger in a strange land, he finds himself surrounded by old friends and new friendships soon follow.

It is also true that there is a spirit of helpfulness among Eclectics in Southern California not found elsewhere. In a measure we constitute a world of our own and find happiness and prosperity therein. The newcomer is always welcome, and the very best that the land affords is at his disposal. A number of our men, having more business than they can properly attend to, are anxious to have another Eclectic in the same locality. Then there are excellent opportunities in places where there is no Eclectic.

Finally, there is the State Board of Medical **Examiners!** Every medical man coming to this state and expecting to engage in the practice of his profession must first pass the examination as given by the Board. So far as we are aware the questions can be classed with those asked by the examining boards of the states of the middle west and a man who has recently passed one of these ought to safely take this one. However, there are men who graduated years ago, and consequently find it somewhat difficult to receive the required grades without a careful and systematic preparation. For these we have provided the Los Angeles Eclectic Policlinic, which offers a thorough review in all the required branches, by those who are fully competent to give it.—*Editorial Los Angeles Journal of Eclectic Medicine.*

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### KEEP IN THE AXIS.

To readily introduce and adjust the obstetrical forceps, as well as to aid nature in delivery by properly applied traction, one must keep in mind the direction of the axes of the straits and cavity of the pelvis. Instrumental delivery under ordinary circumstances should always be an easy, safe and satisfactory procedure. Failures, dread, defeat, as well as opposition to their use, may usually be attributed to either forgetfulness or downright ignorance of the essential features of the pelvic anatomy. We believe the use of forceps should be commended and not condemned, and used without waiting any given or set time, when indicated.

The second stage being on, contractions normal in force and frequency, though but little or no advancement, may be some slight disproportion between the child's head and parturient outlet. At any rate the forces of nature are inadequate to complete the delivery within a reasonable and often safe period, interference should follow without delay. Use your forceps and complete the delivery before symptoms of exhaustion appear; and your patient will have been saved much unnecessary suffering, be in a better condition, with a more satisfactory getting up, than by waiting hours upon nature, though the labor may have finally terminated unaided.

Of the important points of the pelvis to remember, the axis of the superior strait corresponds to a line extending from the umbilicus to the tip of the coccyx; this also nearly parallels the long diameter of the uterus. The axis of the inferior strait or outlet of the pelvis is indicated by a line from the second bone of the sacrum to the center of the plain or circumference of the outlet. This also corresponds nearly with the vagina, or its long diameter. The axis of the pelvic cavity would include the axes already named, and pass through the center of the

plains of the pelvic cavity at every point. It would thus be a curved line corresponding nearly with the curve of the sacrum and coccyx, being almost the arc of a circle, and sometimes called the curve of Carus. The axis of the pelvic cavity corresponds exactly to the parturient canal, the route the child takes during delivery.

In introducing the forceps therefore, the direction of the axis of the cavity should be constantly in mind; there can be no deviation, no change, and if the blades are carefully guided therein, gradually lowering the handles as the blades ascend, following this curve, there should be no difficulty. If thus properly introduced, they should lock easily. After their proper introduction and adjustment, the traction should be made so the force will be applied in the axis at every point of the cavity as descent continues. Difficulty in introduction, as well as defect and slipping of the forceps in the effort at delivery, are nearly always due to lack of observation of this admonition. Keep in the curve both in guiding the forceps to the head, and in the traction of delivery, and you will be master of the situation.

I vividly recall a case in the practice of one of our well known female practitioners within the year, in which in a difficult labor she determined to use the forceps, but failed. When we were called I remarked, "Doctor, why don't you use the forceps?" She says, "I have them partially introduced, but can't lock them." Upon looking at the case, I advised her to lower the handles, and carry the blades upward in the axis, which she did, succeeding nicely in locking and delivering without additional trouble. She forgot the curve of the axis, and had carried the ends of the blades against the sacrum.

Another case quite recently in the practice of a suburban physician in a prolonged and difficult delivery. He reported that he had adjusted the forceps in good shape, but as often as he would make a forced effort at traction the instruments would as frequently slip. I asked him to make another trial, and again they slipped, completely leaving the head; but the trouble was quite evident. Traction was almost straight outward, entirely without the axis. A readjustment and suggestion that to lower the handles and apply his force at traction in the curve of the pelvic axis, would overcome the trouble and deliver the child; which it did within five minutes.

Forceps cases, as a rule, would be easy, if the direction of the axis was always uppermost in one's mind in the introduction and adjustment of the instruments, as well as in the force or traction necessary to effect the delivery.

WINTERMUTE.



**"A LITTLE WATER."**

In Eclectic medicines, for nearly half a century, the administration of remedial agents in water has been a feature. And in this fact, possibly, is to be found the explanation for the immediate response that comes to the physician who administers a remedy that is what it should be in the remedial direction. Not only does such a solution carry its dissolved constituents in the best possible form of assimilation, but in cases of precipitants, as for example when a remedy will not altogether dissolve in water, the precipitate in a very fine state of division, and undried, is in its best possible form for solution in a proper solvent, such as are, under certain circumstances, the digestive juices. Whoever is acquainted with the practical side of chemistry comprehends that a precipitate freshly made, even though there be no chemical change, is altogether different in its solvent qualities, from the same precipitate after it has been dried, even though it be finely powdered. In many instances, a substance thrown out of a solution as a precipitate, refuses to redissolve in the very liquid that will prevent precipitation, if present in the mixture.

In addition to the foregoing, we are not so sure but that an influence in many directions arises from the association of the remedies in the mouth with the saliva, as well as its action on and through the surfaces it touches between the mouth and the stomach. In this connection we are convinced that in our particular case, a remedy dissolved in just a little water, scarcely enough to reach the stomach at all, and taken into the mouth a few drops at a time and allowed to extend its field of influence through contact with the adjacent membranes, operates fully as well or better, than when swallowed in bulk directly into the stomach. This is particularly the case with *nux vomica*, which is a specific with the writer for a certain throat affection that arises from a disturbance of the nervous organization. To this it can be added that the administration of pills and tablets carrying the remedy mentioned in a coating or cased, tasteless form, direct into the stomach, does not produce a correspondingly good effect.

Possibly a general consideration of these problems led the "fathers," in years gone by, to finally exclude the syrups, the glycerines, the pills and the triurates, from their practice, preferring in all cases that a remedy should be given in solution with, or freshly mixed with pure water. One of the problems that

confronted Professor Scudder when he wrote his work on "Specific Medication" in 1870, was the fact that Eclectic medicine was then so largely a mixture of foreign substances, such as sugar and flavorings and antagonistic material added by pharmacists and tolerated by doctors for the purpose of masking the remedy. In the Preface to "Specific Medication" we find as follows:

"My prescriptions are uniformly made with water as a vehicle, the tincture being added to it in such proportion that the dose will be a teaspoonful. If the tinctures are carried in the pocket case, we add them to a glass of water in proper proportion, and renew the medicine at each visit that it may be fresh."

And in the editorials of the *E. M. Journal* during Dr. Scudder's lifetime, we find this practice persistently advocated. At the present time, not only the profession of Eclectic medicine as a majority, but the thoughtful members of the other schools as well, are thinking in the direction of remedial agents in the liquid form, in solution or in a freshly precipitated condition in pure water. Give the homeopath the credit for persistent adherence to the use of water as the best solvent and water as the best vehicle for his liquids. Give the Eclectic credit for a persistent championship of the same need and method, and then give to thoughtful men outside these schools a full share of praise, in that the nostrums of the olden time are no longer, or decreasingly, a part of their practice. Such substances as the complex elixirs devised by pharmacists, in which the remedies were often antidoted or even excluded altogether, by reason of the manipulative process of the pharmacist, have gone the way of the fragmentary substances or misnomers used under the illogical names of *resinoid concentration*, and *alkaloid* of the Eclectic physician who paralleled that period.

But to "a little water." When the Eclectic physician adds his remedy drop by drop to half a glass of water, and directs that it be administered, a teaspoonful at a dose, he gives his remedy in "a little water." And when, even, in another case the intent is to administer ten or fifteen or twenty minims of a remedy at a single dose for a quick action, and the remedy is mixed with a tablespoon of water to dilute it properly, this in turn becomes "a little water." But in all cases it will be seen the preparation is mixed with a moderate amount of water, and in all cases a solution is given that carries in its most assimilable form, that which is dissolved, as well as that which may be precipitated.

LLOYD.

**GELSEMIUM.**

The many conditions relieved by gelsemium account for its popularity among Eclectics. A sufficient evidence of the worth of this drug is the fact that for fifty years it has withstood all tests, and no doubt remains as to its value in well defined conditions. Many remedies are at first lauded far beyond their real value and sometimes killed by praise, but gelsemium has successfully passed the various tests through which every remedy must pass, and has finally become firmly established in its proper sphere. Gelsemium will not cure everything; its field is limited but definite, and within its capabilities it can not be supplanted nor will it be, no matter what may be further urged against it. Gelsemium is a favorite and much-used remedy amongst eclectics and others who have learned its possibilities, and will remain so.

We find that we are able to do much more with this remedy than at first. This is also true in regard to other remedies, where we formerly carried fifty or sixty different medicines in our case we now have no more than twenty; and in fact ten or twelve of them are usually sufficient. We can do more with a single remedy now than in past time; as a skilled workman can accomplish more with one tool than a novice with twenty, so the physician after years of experience can do more with one drug. It would be interesting to know just how many differing conditions gelsemium is prescribed for by the thousands of physicians who use the remedy, for aside from the classical indications given in the books, gelsemium may be exhibited in a large number of pathological states; conditions well known to eclectics, but almost unknown to many physicians who are just beginning to tentatively experiment with the remedy.

We administer gelsemium according to symptomatic indications. It may be unscientific to simply relieve a symptom without radically removing its pathological base, and yet, in many cases, no lesion remains after the symptoms are allayed. When grave structural lesions are present these must be rectified before a permanent cure can result from any kind of internal medication, but in active hyperaemia gelsemium will do more than almost any other remedy. Gelsemium will relieve what sometimes appear to be serious conditions by allaying nervous excitement and relaxing tension of nerve and muscle.

Gelsemium in ten or fifteen drops of the specific medicine every two hours will relieve pain in the back and across the loins. It is a remedy par excellence for lumbago, and can be given with confidence for this condition. Gelsemium is an excellent

remedy for the relief of infantile convulsions, and if given until its full effects are manifest will control the spasms. We use gelsemium in many nervous conditions accompanying fevers, contagia, pulmonary and gastric diseases. When the patient is restless and fidgety, tumbles about in bed and can not sleep, we generally combine gelsemium with potassium bromide, or passiflora, or with both. Our usual prescription is as follows: Sp. passiflora, half ounce; bromide potassium, one drachm; gelsemium, ten drops; water, four ounces. Mix. Teaspoonful every two hours. In many cases this will be sufficient to quiet the patient and induce sleep, if no greater pain is present.

WATKINS.

### OFF WITH YOUR WHISKERS.

Now comes the news from Iowa that the Health Board of that State has ordered that the doctors must all of them shave off their beards and moustaches. They are conveyors of disease insist the wise men of this extraordinary board of health. If the antics of many health boards were only picturesque and spectacular, they would be laughable; but they carry in themselves a menace of most ominous portent. If whiskers carry disease, so does the hair of the head, or any other part of the body. Soon the doctors will have to shave their heads, etc., and later—in legitimate sequence—the precaution will extend to the laity. Whether man would submit to this outrage or not, it is certain that the woman would not.

There is no telling what the madness of the germ theory will not lead to. The theory *requires* that about every disease is rabidly contagious, and the grotesque and ridiculous didoes of health boards are merely in conformity with this requirement. There has been a lot of scare rot put out about the danger of handling books, money, etc. This, despite the fact that with all the billions of books handled by the librarians, and all the decillions of dollars handled by bank tellers, there is not recorded *one* authenticated case of contagion by this means. It is a fact that if disease were as contagious as the germ theory requires it to be, there would not be a doctor left on the globe in six months. Every member of every health board knows this, or ought to know it.

The health-board idea is all right. We want health boards, but we want them made up of sane men; men who will not subordinate commonsense to the shimmering theories of doddering doctrinaires. The laity, as we well know, is already too

scary about disease contagion. Shall we increase and foster this crazy fearfulness? It is easy to get up an endemic or epidemic of fear-and-dread tension that lays the system wide open for the invasion of any prevalent or other disease. I should say that the crank who denies the fact of contagion would be a safer member of a health board, than is the bacteriological extremist.

COOPER.

### INCOMPLETE OPERATION FOR APPENDICITIS.

Perhaps no more important contribution was made to surgical literature during the past year than the article on appendicitis by Dr. John B. Murphy, which appeared in the August number *Journal American Medical Science*, 1904.

It is truly an exhaustive discussion, covering the anatomy of the organ, etiology of the disease, symptoms, diagnosis, varieties, when to operate and how.

Our reason for referring to the article now is, that to our personal knowledge, many surgeons are still proceeding as if the article had not appeared, and, in consequence, the percentage of fatal cases is greatly in excess of what it should be.

For operation the early stage is declared the period of election; but the important point to which special attention is directed here, is that the operation should at this stage be a limited one, consisting of incision and drainage, removal of appendix only when it is accessible and easily amputated. These conditions justifying removal will seldom be seen. No sponging, no breaking up of adhesions or agglutinations. With the least possible traumatism relieve the pus tension by an incision just sufficient to permit insertion of a large drainage tube. Then place patient in a semi-sitting posture to favor drainage, and let nature do the rest. If this sound teaching was generally accepted, and all operators governed by it, there would at once be a marked improvement in the statistics of this very common disease.

Fatal cases are still very common, due in our opinion to the fact that so many surgeons always attempt removal of the appendix. These make a great point of doing a complete operation. An incomplete operation with recovery is nevertheless surely better than the completed and most brilliant, accomplished at the sacrifice of life.

So uniformly fatal have the usual operations been in cases of diffuse general peritonitis, many condemn them as bringing reproach on surgery. These cases should not be refused. By the course advised apparently hopeless cases may survive.

CHURCH.

**ERYNGIUM.**

*Eryngium Aquaticum*. Nat. Ord. Umbelliferae. Native to the United States, growing in swamps and low, wet land from Virginia to Texas. Part employed, the root. It is commonly known as eryngo, water eryngo, button-snake root and rattle-snake root. Johnson, in *Medical Botany of North America*, says the order comprises many species of plants of medicinal or economic importance. Some are actively poisonous. In general, the poisonous members of the order grow in wet places, so that an unbellate plant found in such a situation should be viewed with suspicion until its character has been ascertained.

The medicinal virtues attributed to the plant are diuretic, expectorant, diaphoretic and sialagogue. Our personal experience extends only so far as its diuretic properties are concerned. Here we have found it to be an exceedingly efficient and satisfactory agent.

In acute inflammatory or irritative conditions of the bladder or urethra, when there is burning and itching, or when there is dull aching in the prostatic portions of the urethra, or when there is straining and a tenesmic pain in voiding urine, we have always found it a most excellent remedy. In acute cystitis combined with gelsemium, or other indicative sedative, it has often proven to be all the remedy necessary.

In chronic cystitis, when we have pains or distress of the same character, it is equally as efficient.

In diseases of women associated with vesical complications, when the pain is of the same burning, tenesmic character, it fulfills all expectations; in the acute stage of gonorrhoea, we find it of marked value to relieve the burning pain of urination. This embraces practically our personal experience with the medicine, and in these conditions we value it highly.

Looking over its literature, we were surprised at its scantiness. Our allopathic friends practically discard it as valueless. Hale in "New Remedies" advocates its use in epidemic influenza, when there is a raw, smarting and burning sensation in the throat and larynx, with a constant, irritating cough and an expectoration of a tenacious, yellow mucous. It will be noted that the indications governing its action on the mucous membrane of the respiratory apparatus are very similar to those which are indicative of or call for its use in diseases of the genito-urinary organs. Guided by these same indications, it is recommended in the mucous diarrhea of children and in atonic stomach troubles.

Its specific indications are: frequent desire to urinate; burning with itching in the urethra and bladder; pains in the bladder extending to the loins; smarting and burning sensations in the throat and larynx, with a constant, irritating cough. We use Specific Medicine Eryngium. Dose, one to twenty drops.

MUNDY.

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### DIOSCOREA.

Dioscorea, commonly known as wild yam, colic-root, is a native of the United States. The part used is the rhizoma of the *dioscorea villosa* Nat. Ord. Dioscoreaceae.

From the root have been extracted a resin and a substance, seponin.

Eclectic writers affirm that it is most efficient when used as an infusion. It has been used by Eclectic physicians for nearly sixty years. The only literature we have been enabled to find on this plant comes from Eclectic and Homeopathic sources. The remedy is said to possess diaphoretic, anodyne and antispasmodic properties. J. V. Shoemaker claims for it emetic and antispasmodic properties. The anodyne properties are no doubt meagre and depend upon its antispasmodic virtues; and these are no doubt dependent upon its emetic properties, the action depending on the dose administered.

As its common name indicates, it is a specific for bilious colic. In fact it is of value in any painful abdominal condition, when the pain starts at the umbilical region and radiates from that point. The pain and spasm are paroxysmal and of a twisting character. This being the fact, we find it useful in cholera morbus, dysenteric tenesmus and indigestion. It acts with equal success in certain neuralgic affections as dysmenorrhea and ovarian neuralgia, as well as after-pains. Shoemaker, quoted above, asserts it is of value in hepatic torpor and cirrhosis of the liver. Our personal experience has been confined to its use in painful gastric and abdominal affections, being guided in its use by the following indications: Colicky pains of a twisting or boring character, radiating from the umbilical region, accompanied with spasmodic contractions of the abdominal muscles. Bilious colic with yellow skin and conjunctiva, with nausea, pain relieved by pressure. We use the sp. dioscorea. Dose, from one to forty minims, as needed.

MUNDY.

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**HE COULD N'T HELP IT.**

His nose was long and pensive ;  
His beard uncut and rough :  
His ears were quite extensive,  
And his general mien was tough—  
But he said he could n't help it.

His hat was badly dented,  
And he seldom combed his hair ;  
His breath was not sweet-scented,  
And sometimes he'd swear a swear—  
But he said he could n't help it.

The fellow had been drinking  
As deep as he could reach,  
So he staggered in his thinking,  
And he staggered in his speech—  
But he said he could n't help it.

He'd lurched beyond the border  
Of the strict, and got ensnared,  
And acquired a low disorder,  
And had come to be repaired—  
But he said he could n't help it.

Said I, "Think you where you'll go to ;  
Remember you must die,  
And small will be your show to  
Reach mansions in the sky"—  
But he said he could n't help it.

Said he, "I'm living out  
My nature as I *MUST* ;  
I tried to 'right about,'  
But I failed, and so I'll just  
Tell God I could n't help it."  
COOPER.

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**NOVA SCOTIA AND NEW FOUNDLAND.**

There is nothing more restful and invigorating than an ocean voyage. The writer boarded the Red Cross steamer, *Silvia*, in Brooklyn, July 15th, sailing through Long Island Sound, passed Martha's Vineyard and thence directly to Halifax, Nova Scotia, a distance of a little over six hundred miles.

Halifax is the headquarters for the British North Atlantic Squadron and a regimental station. The city lies on a hillside on one of the largest land-locked harbors, and is well fortified. After spending a day in Halifax, the steamer was taken for an additional six hundred miles northeast to St. Johns, Newfoundland.



The narrow entrance to the harbor, with immense rocky cliffs over five hundred feet high on either side, was a grand sight. This tight little island, discovered in 1497, is an energetic colony of Great Britain, given over mainly to fishing industries. We passed several large icebergs and numerous whale north of Cape Race. Hunting and fishing are excellent on the island, and the entire voyage was attended with unusually good weather.

SCUDDER.

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#### THE COLLEGE OPENING.

The sixty-first year of the Eclectic Medical Institute will begin Monday, September 18, 1905, and the session will continue thirty weeks.

From the unusual number of inquiries received, the freshman class should prove larger than usual.

With the ever increasing and changing standards of the various State medical boards, it behooves the friends of the college to select young students with at least a high school education.

The Institute is now better fitted than ever to take well educated young men and women and train them thoroughly during the carefully graded four years course, so that they may not only graduate successfully but honor their Alma Mater by good records before the various state examining boards and by good records honor themselves as well.

SCUDDER.

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#### OHIO STATE BOARD.

Governor M. L. Herrick has re-appointed John K. Scudder, M. D., as a member of the Ohio State Board of Medical Registration and Examination for the term ending March 18, 1912.

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The nineteenth and *final* yearly clinical and didactic course in Orificial Surgery will be held at Hering Medical College (formerly Chicago Homeopathic), corner of Wood and York sts., Chicago, beginning Monday morning, September 25.

The course will be free to all those who have attended any of the previous classes. For particulars address Dr. E. H. PRATT, 1202, 100 State street, Chicago.

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## RHEUMATISM.

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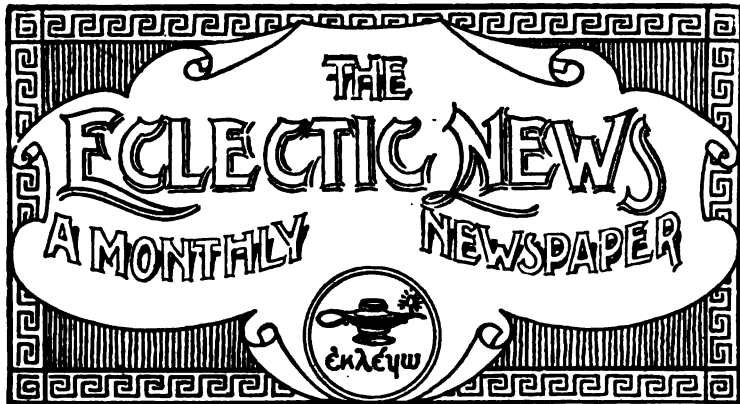
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SEPTEMBER, 1905.

No. 9.

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## BOOK NOTICES.

**The American Year-Book of Medicine and Surgery for 1905**, in two volumes. Each \$3.00. Cloth, W. B. Saunders & Co., publishers, Philadelphia.

The Surgery is an attractive work of convenient size. A careful examination shows pains-taking thoroughness in making it a complete epitome of all the notable contributions to surgical literature which attracted attention from time to time during the year.

Dr. George M. Gould has general editorial charge. Of his able corps of lieutenants, each a specialist in his own department, nine are drawn from the medical center itself, two from New York, and one from Cleveland.

Apparently all moot questions are authoritatively commented on, so that we are able to see where we are at, and whither we are tending. Though there be some old dogs who will not learn new tricks, the ideal surgeon wears rubber gloves, or washes his hands in a solution of gutta serena before operating. He also keeps his mouth shut, or wears a gauze mask. For further particulars see the work itself, adding it to your library for frequent reference.

W. B. C.

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**Hall's Physiology.** By W. S. Hall, M. D. New edition, revised and enlarged. Octavo of 795 pages, with 339 engravings and three full-page colored plates. Cloth, \$4.00 net. Lea Brothers & Co., Publishers, Philadelphia.

This work has been revised and brought up to date. It is a most excellent treatise on the subject, and will be especially pleasing to those students and physicians who dislike technicalities; for the language of the book is very plain and easily understood. No space is given to obscure or disputed points in physiology. We heartily recommend "Hall" as a valuable addition to the physician's library.

L. W.

**Atlas and Text-Book of Topographic and Applied Anatomy.**

By Oskar Schultze, M. D. 25 colored illustrations and 22 lithographic plates, and 89 text-cuts, 60 in colors. W. B. Saunders & Co., Philadelphia. 189 pages, price \$3.50.

With the highest degree of book art, clearness of description, covering all the essentials of anatomy, and with beautiful lithographic plates in colors, this book comes to us as one of the most welcome of the season. The best we can say for it is, "But it and buy it at once." It can not fail to interest you, and you will surely profit by owning it. The price is trivial compared with the value of the work.

H. W. F.

**Diseases of the Blood.** By Drs. P. Ehrlich, A. Lazarus, K. Von Noorden, and Felix Pinkus, of Germany. The American edition of Nothnagel's Practice. Edited, with additions, by Alfred Stengel, M. D., of Philadelphia. 714 pages octavo, fully illustrated. Philadelphia: W. B. Saunders & Co. Cloth, \$5.00 net; half morocco, \$6.00 net.

This volume, the ninth in the series, includes Anemia, Chlorosis, Leukemia, Chloroma, and Pseudoleukemia. The same painstaking and exhaustive methods are shown in considering diseases of the blood that has characterized the preceding volumes of the work. The latest theories on these important topics are carefully and fully examined, and the reader can be assured that the views of the author can be taken as authority—a splendid addition to the preceding volumes.

R. L. T.

**Malformation of the Genital Organs of Women.** By Ch.

Debierre. Translated by J. Henry C. Simes, M. D. P. Blakiston's Son & Co. Publishers, Philadelphia. Price \$1.50 net.

This is a small work of 182 pages, though most profusely illustrated, there being 85 distinct illustrations, covering every malformation known in the class of which it treats. It is divided into three chapters: 1. Anatomy of the genital organs. 2. Development of the genital organs. 3. Malformation of the genital organs; and will be found satisfactory and instructive to any one interested in this line of study.

R. C. W.

**Welch and Schamberg on Acute Contagious Diseases. A**

Treatise on Acute Contagious Diseases. By Wm. M. Welch, M. D., and Jay F. Schamberg, M. D. Octavo, 781 pages, illustrated with 109 engravings and 61 full-page plates. Cloth, \$5.00 net; leather, \$6.00 net; half morocco, \$6.50 net. Philadelphia: Lea Brothers & Co.

With an almost unlimited opportunity for considering contagious diseases in the Philadelphia Municipal Hospital, the authors have presented the results of their study in one of the most interesting, comprehensive, and practical works it has been our privilege to examine. The first chapter, devoted to vaccina, is worth

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We take pleasure in introducing this effective remedy for the cure and relief of all affections in which it is commended. Although new to most physicians, it has been employed by others for over a year, its benefit being sometimes so prompt as to appear marvelous.

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the price of the book, and each succeeding article impresses one in the same way. The many illustrations are works of art and peculiarly true to life. A work that every progressive physician should possess.

R. L. T.

**A Text-Book on the Practice of Gynecology.** By W. E. Ashton, M. D. Octavo, 1079 pages, containing 1046 new drawings. Philadelphia: W. B. Saunders & Co. Cloth, \$5.50 net,

Dr. Ashton's Practice of Gynecology is a new departure in medical text-book making. The author takes up each procedure step by step, the student being led from one step to another just as in studying any non-medical subject. All the methods and details of technic described have been tested by the author himself. A very commendable feature is the departure from the old routine method of devoting a general chapter to physical examination. In place of this the author presents the examination of each organ separately, before describing its diseases, thus greatly aiding the student in familiarizing himself with the technique. A distinctly original feature consists in the line drawings made especially for this work. There are 1046 of these illustrations. The fore part of the work, dealing with antiseptic technic, shows great care in its preparation, Dr. Ashton wisely describing only those methods which he employs in his own practice, in order that the reader may have a clear and definite conception of the subject. Special attention has been given to the consideration of visceral injuries. This is a work for the general practitioner as well as the student, and we find it replete with good things well up to date, and cheerfully commend it.

R. C. W.

Out on the top of Mount Wilson, in Southern California, they are doing some wonderful work in astronomy. The Carnegie Institute has established a solar observatory there, with the special object of prying into the mystery of the life and death of suns. Also, Prof. Barnard, of the Yerkes Observatory, has a small establishment on the same mountain, and he is making some remarkable star maps. The work of both these observatories is admirably described by Garrett P. Serviss in the August COSMOPOLITAN. The article is profusely illustrated.

## COLLEGE AND SOCIETY NOTICES.

### Outing of Central Ohio Association.

An occasion of more than ordinary enjoyment was the basket pic-nic given by the members of the Central Ohio Eclectic Medical Association and their wives, at Silver Lake near Bellefontaine, July 7th. There were about fifty present and chicken enough to feast a multitude. After dinner all indulged with a will in boating, swimming, bowling, and various other amusements.

Dr. L. E. Russell, we believe, stands sponsor for this latest member of the local societies of the State. Having made its advent



during the year, it is truly a vigorous and lively youngster. Dr. Russell is President, and Dr. Kent, of Casstown, Secretary. It is proposed that the pic-nic shall be an annual event. Dr. Russell has pledged himself to be present on each occasion for the next fifty years, if not in person, in spirit at least, and he promises the spirit shall not be in a bottle.

Short speeches were made by Dr. Wilson, of Bellefontaine, and several other members. Dr. G. W. Richards, of Springfield, on being called to respond to "Many-sided Doctors," read an original poem:

We desire to thank the committee for the invitation and the pleasant day enjoyed by wife and self. R. C. W.

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## PERSONALS.

All of the 1905 graduates of the E. M. Institute who took the Ohio State Board were successful—George E. Dash, J. W. Barry, jr., Robert S. Elliott, W. L. McKinney, Charles J. Otto, Byron Van Horn, Allison Van Horn, and Charles M. L. Wolf. Dr. Richard D. Doughty, class 1904, passed the examination, as well as Dr. A. C. McGee, class of 1881. George E. Dash had a general average of 95 $\frac{1}{2}$  per cent., standing 6th among 192 applicants.

Gov. Warner has re-appointed Dr. Wm. Bell, of Belding, Mich., as a member of the Michigan State Board of Medical Registration, for an additional term of four years. Dr. Bell has been a member of the Board for the past six years, and his re-appointment indicated that his services have been fully satisfactory. Dr. Bell is one of the leading Eclectic physicians of the State of Michigan.

We are very glad to inform our readers that Drs. C. Ellis Johnson, George W. McGinnis, and John W. Miller, E. M. Institute, class of 1905, were successful in passing the Kentucky State Board examination in April last. These were the first three candidates from this College to go before this Board under the new regulations requiring an examination.

We notice in the Cincinnati Enquirer that Sampson G. Goode, one of the prominent Eclectic physicians of Sidney, Ohio, has been nominated as a candidate for State Senator by the Democrats of the 12th Senatorial district. We wish the doctor good luck.

Dr. G. Elmer Miller, class 1905, has been appointed a medical missionary to China by the Foreign Christian Missionary Society. He was successful in passing the recent examination before the Indiana State Board.

## LOCATIONS, ETC.

Dr. R. E. Sawyer, class 1905, passed the Texas and Indian Territory State Board examinations, and is located at Bokchito, Ind. Ter. Dr. Sawyer can locate a young, energetic Eclectic in a good location in the Territory.



# TYPHOID FEVER

**A**CETOZONE is one of the most remarkable germicides known to the materia medica. As an intestinal antiseptic no other agent is at once so potent, safe and generally efficient. Not less powerful than bichloride of mercury or carbolic acid, it is promptly destructive to germ life, yet is harmless to the human organism when taken internally in saturated aqueous solution. Competent authorities pronounce it the most important agent in typhoid fever ever brought to the attention of the medical profession.

Supplied in ounce, half-ounce and quarter-ounce bottles; also in vials of 15 grains each, 6 vials in a box.

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FOR DIAGNOSIS OF TYPHOID FEVER.

**T**HIS apparatus, which we designate as our "Typhoid Agglutometer No. 2," obviates the use of the microscope and the fresh live culture of typhoid bacilli necessary for the Widal test when made in the old way.

Professor McFarland (Philadelphia) says: "For a very moderate expenditure of money and patience an accurate diagnosis can now be made in a few hours at the bedside with materials readily prepared, unlikely to deteriorate, innocuous to handle, and simple to manipulate."

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Location, good opening, no opposition. For particulars address, with stamp, E. E. Kibbs, Victor, Kas., or Dr. E. B. Packer, Osage City, Kansas.

Good country location and well established practice. Am removing to a larger place. Fine farming community, no opposition. A young Eclectic can do well from the start. For further particulars address, with stamp, Dr. L. O. Wood, Hopson, Ky.

Wanted, an assistant, a young Eclectic who has had ten years surgical experience. For particulars address, with stamp, Dr. W. T. Ray, Kelly, Oklahoma.

Wanted, an energetic young Eclectic to locate in Idaho. Must be able to pass State Board Examination. Good field for right man.

Address DR. R. TRUITT, Cottonwood, Idaho.

**NOTICE.**—Good location at Bristolville, Trumbull County, O. I Am going to remove to Youngstown, Nov. 1, and would like to place a number one Eclectic in my place. Can make from \$1,200 to \$1,800 per year. Nothing to sell. Will rent house and office. Will give possession Oct. 20. Eclectic thoroughly established, having been here 19 years

E. BRINKERHOFF, M. D.

**MARRIED,** at Dayton, O., August 8th, Dr. J. Fred Wuiet, E. M. I. '01, and Miss Susan W. Hull. At home after Sept. 1st, at 214 Linden ave., Dayton, O.

**MARRIED,** at Maroa, Ill., August 30, Dr. Harmon E. Price, E. M. I., '05, and Miss Florence Bennett.

## READING NOTICES.

### Hemorrhage from the Bladder.

Dr. Chas. D. Camp, of Chicago, reports the following case of hemorrhage from the bladder, which he considers to have been of tuberculous origin :

"J. K., age 45, called April 20th, stating that he had had a hemorrhage from the bladder, and had been under treatment by a prominent physician of this city. He was pale and weak from loss of blood, with a hard, painful lump in the right groin, very tender on pressure. By use of catheter drew off urine, which was about four ounces, and about one-half was blood, with some coagulated shreds following. With hypodermic needle injected the lump which was three inches in length, in three places with five minims of cresylone. This gave him great relief. I washed out

the bladder with alum solution, and told him to report next day, which he did. The hemorrhage was the same, but the soreness was gone. I then washed out the bladder with a solution of lead and alum (Bilroth's solution), and had him report again next day. The hemorrhage had been the same. Then I washed out the bladder with Eusoma, one part to three parts of water, and had him report the next day, when to my surprise he stated that there had been only a trace of blood, which he said had not shown until four hours before. I then provided him with a soft catheter, and had him use the Eusoma twice a day, morning and evening, with the result that the blood entirely disappeared, and has not shown a trace since, which occurred when he had failed to use the Eusoma as directed. From the progress made so far, and the great improvement made in general health, I think the prospect of complete recovery is good."—Medical Herald.

**Coca** is no new element for consideration; it has already won the respectful attention of the world as a supporter of nervous energy and an exhilarator of muscular power. The action of Coca, while phenomenal, is purely physiological. Coca is a depurative of the blood, freeing that current from the products of tissue waste, and thus enabling the blood stream to nourish every tissue of the body. Aside from this important action, it has a direct chemical action upon muscle through converting certain muscle ferments to create energy. Additional actions are its stimulating influence upon the bloodvessels, upon the secretions, and upon respiration. These effects are best brought about by administering Coca combined with a mild nutritious wine, as Vin Mariana. The action of Coca is not immediate, but before the initial stimulation of the wine has passed, the more lasting properties of the Coca become manifest.—Coca Leaf.

#### **Royal Sanmetto.**

I have been prescribing Royal Sanmetto for suffering humanity for years indeed, ever since its entrance upon its high career and since it has vindicated its right to recognition, and to be held and regarded as the unrivaled and peerless remedy for bladder aggravations. This formula has won the confidence of physicians everywhere, and the remedy the gratitude of suffering thousands. Sanmetto without any exaggeration is Royal, the Prince Imperial, whose fame is destined to live as long as it continues honest and square, and in the way that gave it its high reputation.

ANDREW J. PARK, M. D., Chicago.

A good remedy for relaxation of the womb and its appendages is Aletris Cordial (Rio). It strengthens the uterine organs, and at the same time corrects the co-existing general weakness.

In those puzzling cases of menstrual derangement where all other known remedies fail, Aletris Cordial often cures.

# SUMMER HEAT

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the invalid fortified by

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It is the ideal hot weather  
remedy for the sufferer from chronic  
organic disease, nervous exhaustion,  
malnutrition and general debility

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**For Men and Women. All classes of Insanity admitted**  
**ALCOHOLIC, MORPHINE and other DRUG HABITS TREATED.**

We receive and care for patients suffering from any form of disease with  
mental complications.

Our equipment is new and up to date. We offer good care, night attend-  
ants, comfortable room, good table, and constant personal supervision.

**The Columbus, New Albany and Johnstown Cars to Door.**

The building is warmed by hot water. Our lawn is ample and well shaded.  
Patients here find rest and comfort while being treated. Write us, state patient's  
condition in full, and ask for rates and circular.

**PROFESSIONAL CORRESPONDENCE SOLICITED.**

**BISHOP McMILLEN, M. D., Sup't.**

**Address, Shepard, Ohio.**

**Treatment of Erysipelas.**

In my earlier experience with erysipelas, the pus formation was of very frequent occurrence; requiring incisions to evacuate the matter. Summing up now, after a large experience in treating many cases, I have adopted the following successful line of treatment, and in the majority of cases it has proven most satisfactory:

The bowels are first thoroughly acted upon. For the fever, pain and headache, I give phenalgin and quinine, and hourly doses of tincture veratrum viride. As a tonic and food, I give Bovinine. Locally, the wound is kept constantly saturated with Bovinine, pure, the dressings being completely changed three times in every twenty-four hours. When I have employed this treatment at the outset, complications have rarely arisen, and the course of the condition has been modified and materially shortened.

DR. N. E. NEWELL, JR., Stamford, Conn.

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When an internal mucous astringent is indicated, in such cases as cholera infantum, etc., Kenedy's dark *Pinus Canadensis* should be given in an alkaline medium.

No more healthful, stimulating, and generally beneficial application can be made to a diseased mucous membrane than Kennedy's *Pinus Canadensis*.

---

**Tonsillitis.**—It is well to remember that at first this disease is only a local disturbance affecting the capillary system and glandular structures, and if promptly and efficiently treated will remain local. The constitutional symptoms, such as fever, headache, etc., only develop when there is considerable infection taken up. In treatment the first indication is to increase local capillary circulation. A local remedy must fill two requirements, namely, a detergent antiseptic, and a degree of permanency in effect.

Glyco-thymoline, frequently applied in a 50 per cent. strength with a hand atomizer, produces a rapid depletion of the congested area through its well defined exosmotic property, re-establishing normal passage of fluids through the tissues, promptly relieving the dry condition of the membrane, and giving an immediate and lasting anodyne effect. As a gargle, a 25 per cent. solution hot may be effectively used, providing the process does not cause undue pain. The external application of cloths, dipped in hot water and Glyco-thymoline in 25 per cent. solution, greatly increases the venous circulation.

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**Scrofulosis with Involvement of the Skin.**

The form of scrofuloderma most frequently seen in practice has its origin in the lymphatic glands of the neck, axilla, and inguinal region. Under the skin glands may be felt as firm, movable, tolerably numerous bodies. Their growth is slow and indolent. Occasionally here and there a gland may attain considerable size, which either remains indolent for a long time or undergoes spontaneous resolution, or more frequently terminates in

suppuration. Preceding the suppurative process, the overlying skin becomes thin, and takes on a violaceous color. Later the skin breaks down, and after rupture there is a discharge of thin, curdy pus mixed with blood. Sinuses form and the skin is undermined and perforated, leading to the formation of strumous ulcers. In shape the ulcers are oval or linear, and show purplish, undermined edges. Pale, unhealthy granulations cover the ulcerous surfaces.

Another form of strumous dermatitis is the so-called scrofuloderma, which commences as small nodules, and gradually attains a considerable size. Hablopetau has observed that these gummata occur along the course of the lymphatics of a limb.

Another skin manifestation of scrofula is chronic eczema of the skin or scalp, found in patients who have a tuberculous diathesis. Eczema of this variety is apt to be scaly and indolent, though very stubborn, and shows little response if measures are directed to the local condition alone, and the general condition of nutrition ignored.

The above described conditions are most frequently encountered, according to Holt, among children from three to ten years of age, and he recommends the very best surroundings as the "sine qua non" of treatment. This includes diet, climate, fresh air. The indolent local condition should be let alone, and the parts merely kept clean. For internal medication, the syrup of the iodide of iron and cordial of cod-liver oil (Hagee) should be the physician's main reliance; and occasionally arsenic should be used to supplement the other tonics mentioned.—*American Jour. of Dermatology*.

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**Papine.**—N. B. Shade, M. D., late editor *North American Medical Review*, Washington, D. D., says in the *Medical Examiner and Practitioner*: "Papine is derived from the concrete juice of the unripe capsules of *Papaver somniferum* (U. S. Pharmacopœia). Physicians who have tested the virtue of Papine in their practice have given evidence that it contains all the medicinal value of opium, with all its bad qualities eliminated. Papine has none of the bad after effects of opium, morphia, laudanum, paregoric, etc. I positively declare and insist that the physician who once gives Papine a trial can not be persuaded to deprive his patients of the great benefit of this agency to relieve pain—an implement of precision, which is perfectly harmless to the patient."

---

Hysteria is the expression of one form of nervous debility. Celerina is thus peculiarly indicated, because of its tonic effect on the whole nervous system.

Brainfag, from worry, overwork, or excesses of various kinds, is quickly relieved by the use of Celerina, in teaspoonful doses three times a day.



## LOW RATE EXCURSIONS

### Via B. & O. S-W. Season 1905.

#### DENVER, COLORADO.

**GRAND ARMY OF THE REPUBLIC**—National Encampment. Tickets will be sold Aug. 29 to Sept. 4. Return limit Sept. 12, with privilege of extension to Oct. 7.

#### PHILADELPHIA, PA.

**ODD FELLOWS**, Sovereign Grand Lodge. Tickets will be sold Sept. 15, 16, and 17. Return limit Sept. 25, with privilege of extension to Oct. 5.

#### LOS ANGELES AND SAN FRANCISCO, CAL:

**W. C. T. U. CONVENTION**. Tickets will be sold October 16 to 21. Return limit, Nov. 30.

**ONE WAY COLONIST'S TICKETS** to Portland, Seattle, Tacoma, Van Couver, Los Angeles, San Francisco, San Diego, and other points in Washington, Oregon, California, and British Columbia; Helena, Butte, Anaconda, Pocatello, Ogden, Salt Lake City, and other points. On sale daily from Sept. 15, to October 31.

**HOME SEEKER'S TICKETS** to points in the West, South west and South-east. On sale first and third Tuesdays of each month.

For detailed information, rates, time of trains, sleeping car reservations, etc., consult your nearest ticket agent or address

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No. 10.

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## ORIGINAL COMMUNICATIONS.

### PHYSIC.

By W. B. Church, M. D., Cincinnati, O.

Formerly this word was used to indicate the whole art and science of medicine. The derivation is from the Greek, and signifies to produce, and the verb to physic means to produce an evacuation of the bowels. From time immemorial the practice of medicine was chiefly concerned in giving medicines that would physic, and many among the laity to-day are but little impressed with a remedy that fails to produce frequent, copious stools.

For many hundred years the practice of medicine was little more than a routine of bleeding, blistering and purging. The two first are largely a matter of tradition now; the last of the trio lingers, although probably the most objectionable of all. It is highly desirable that this relict of the dark ages be relegated to an equal oblivion with the lancet and the blister. In discussing the question of "Drug Habits," before the Michigan State Society a few years ago, Dr. Wright said the worst drug habit he knew of was the habit of taking physic.

Those present seemed to regard the remark as a bit of pleasantry; but the lessons taught by my own experience and observation caused me to accept the doctor's assertion as a mild arraignment of a most vicious practice. The worst indictment that can be brought against the profession to-day is the indiscriminate exhibition of cathartics in the treatment of disease.

Admitting great improvement in this respect in recent years, it is nevertheless true that many thousand deaths result from this vicious custom every year.

In nearly every paper published the treatment advised in such diseases as typhoid fever, pneumonia, appendicitis, and even cholera infantum, includes the use of medicine to unload the bowels.

Nothing else in my opinion contributes so much to the mortality attending all these diseases. If, for a year, no patient was purged, the percentage of fatal cases resulting from the diseases named would undoubtedly be reduced at least 50 per cent.

There is a general wide-spread impression that there is danger of auto-intoxication if the fecal contents are retained more than 24 hours. The fact is absorption is so slight that danger from this source is greatly exaggerated. Well known cases are in excellent health who habitually go ten days or two weeks without a bowel movement.

The homeopaths furnish us an object lesson in this matter. Rejecting cathartics, as they do, they are always ready to compare statistics with other schools. Typhoid fever is robbed of half its danger when the patient is put early to bed, and the bowels are spared the irritation of a purgative. The etiology of typhoid is no longer in doubt. The bacillus is most commonly introduced from drinking infected water. The virulence of a given case will depend on the number of the invading germs and the condition of the parts infested. The epithelium protects the mucous membrane of the intestines just as the epidermis does the subcutaneous tissues. Its protective office is much impaired by any irritant that excites congestion and inflammation in this condition, which is the direct effect of a purge.

The pathogenic germs more readily penetrate to the soft tissues when they obtain abundant pabulum, multiply and develop their deadly toxins. Cathartics are drugs so irritating to the lining membrane of the intestinal canal that nature, in self-defense, is roused to a special effort to expel them. If there happen to be in the canal at the time no other than the usual bacteria, the irritation and congestion soon subside and no harm results. If, however, such deadly germs as typhoid bacilli are present, the irritation produced by the cathartic affords the condition most favorable to enable them to secure lodgment, and enter at once on their destructive mission.

Actual clinical observation will confirm the deductions here

reached. Exacerbation of all the symptoms supervene after the action of the purgative. The natural tendency of the disease to grow worse is markedly increased when the conditions are thus made favorable to the invaders.

The deleterious influence of cathartics in pneumonia is still more evident. In uncomplicated cases the pneumococci confine their operations to lung tissue, frequently a single lobe of one lung bears the brunt of their attacks, and complete evolution of the inflammatory process occurs in from five to seven days, the disease terminating by crisis. Such a favorable course and termination can not be expected after a cathartic has been given. The germs are then diffused, enter the hepatic tissues, pass into the bile ducts, and often extend to the gastric mucous membrane; thus extending greatly the area of inflammation, with corresponding aggravation of all symptoms, and causing dangerous depression and heart failure. For many years in every case of pneumonia my first question is, whether physic has been given. If this question is answered affirmatively, I give a guarded prognosis. If answered negatively, I make a favorable prognosis, regardless of any other conditions. Pneumonia has been attended with shocking fatality, especially in some of the large cities, during the last two years; some eminent physicians declaring treatment of no avail, or as they put it that "there is no treatment." There is no *subsequent* treatment after physic has been taken or given in severe cases. But the disease is very amenable to treatment in all other cases, which have had no physic. Constipation is a decided advantage in pneumonia. Diarrhea, spontaneous or induced by physic, is most disastrous.

An unsigned article in one of our medical journals recently, on "The Summer Diseases of Children and Their Remedies," contains the following: "The first requisite, when there is irritation from undigested food in the stomach, is to cleanse the alimentary canal. For this, some prefer castor oil, others neutralizing cordial or olive oil, or a combination of the two or all." Except for this bad advice, the article is excellent, beyond criticism. I would greatly prefer washing out the child's stomach, which gives immediate relief; and, in some cases, would also give a high enema of normal salt solution. This latter more to counteract depression, and prevent collapse, than to empty the bowels. In many of these cases the added irritation and depression of any cathartic will prove fatal. In true cholera infantum cathartics are never advisable.

The mischievous effect of purgative medicine is now generally recognized in appendicitis. Probably, however, a majority of the many victims of this disease are still victims to injudicious attempts to move the bowels, consequently the number of fatal cases continues to be a disgrace to medicine.

The writer has carried many of these cases to a successful issue, in which the bowels were safely locked for ten days or two weeks. Few operations would be required during the active stage of appendicitis, the time when operations are so dangerous, if physic was entirely eliminated from the treatment. A principal aim of treatment should be to arrest peristalsis.

Let any doctor practice his profession as herein indicated, abjuring cathartics entirely in the treatment of the diseases specified, and he will never have any use for such remedies afterward. His success will be far beyond the ordinary.

As already admitted, medical practice has been greatly improved in recent years. In no respect is the improvement more marked than in the matter under consideration. The contention is that there is still room and demand for further and much greater improvement. An immense amount of physic is still given, in diseases where it is wholly contra-indicated, and distinctly tends to diminish the chances of recovery.

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### THE ECLECTIC OR AMERICAN MATERIA MEDICA.\*

By John Fearn, M. D., Oakland, Cal.

Thirty years ago when artizans came to this country from Europe, the first thing that would attract their attention, would be the perfection of the tools in the hands of the American working man. No matter whether these men were engaged on the farm, in the factory, the machine shop, or in putting up buildings. This had not always been the case. But these tools had been manufactured, improved, and perfected by the American mechanic.

In the early part of the last century, the "Materia Medica," which is only another name for *the tools* with which the doctor does his work, were so crude and so unsatisfactory in their operation, that many times the patient was in far more danger from the doctor's drugs than he would have been if disease had been allowed to run without interference.

I can look back nearly fifty years, and recall the bloody work

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\* Read before the National Eclectic Medical Association, June, 1904.

of the lancet, and the death-dealing and health-destroying effects of poisonous drugs in massive doses. I remember when father was taken down with acute fever. The doctor was called. He called for a bowl and a towel, then he proceeded to abstract the life current. Having done this, the doctor, having discovered that the *liver* was the offender, and that must be shaken up, this was done so violently and repeated so often that in a little while the patient did not have a tooth in his head. And in other ways was left a physical wreck.

I am not blaming so much the doctor. He was a scholar, and a kind-hearted man. But he was working with the wrong tools. These tools had mostly originated in Europe, and they had not been perfected in America.

It was against these tools and their manner of use that the American people, who thought for themselves, soon began to register a big kick. And it was during this vigorous kicking that the Eclectic or American Materia Medica had its birth, and intelligent people soon discovered that the warm teas, hot drinks, bitter infusions, vegetable cholagogues and hot baths, yea and the *Lobelia Emetics* of the early Botanic Doctors, were far more pleasant in their effects, and much more successful in putting disease and sickness to flight, than the learned doctors' remedies. In fact, such was the success of these early medical reformers, that they and their new methods were soon in great demand by large numbers of people. As this continued, the men of the dominant school who were in power, began to persecute and prosecute and slander and vilify these early reformers. They said these men were ignorant men, and so far as scholastic attainments they were right as to many of the reformers. They called them *Root* and *Yarb* doctors, or *Sweat-em* and *Poke-em* doctors. In spite of the immense success of these men, many of whom had never seen the inside of a medical college, they were treated to every indignity, some of them being most shamefully imprisoned. But this harsh treatment had one result. It made an impassable gulf between the reformers and what was known as the old school doctors.

You could not get these men in their practice to use any of the old poisonous remedies, which had so long been forced upon the sick; yea, without rhyme or reason.

The cry of the reformers was no more bleeding, and no more mineral poisons. The lines of battle were clearly drawn and every doctor must be on one side or the other. There were no Eclectics then, no choosing from all sources. Some of us to-

day who have learned to use many mineral remedies with advantage, think that in those times the pendulum swung too far.

The fact is, we can scarce conceive how much those reformers suffered; and how much the sick suffered at the hands of these duly authorized and legalized physicians, till this break occurred. The materia medica in use by the physicians was almost entirely just the remedies, that had been brought from the old countries. There was no such thing as American medicine, except that which was in use by the aboriginal inhabitants of the country. These children of nature in their tents and wigwams were true to nature. And in the use of simples gathered from field and forest, from vale and mountain, these people, native to the soil, were successful. They in their day were the American doctors. And crude though their methods might be, many a white traveler who fell, sick and maimed, into their hands, proved them to be successful in allaying pain, and wooing back health to the sick. And now as a new beginning had to be made, what more reasonable then that these reformers should be willing to receive points from these natives of the country in regard to the medicines of the country.

I have known some so-called Eclectics who did not like to trace their medical pedigree back to the Botanic Reformers, much less to the native Red Men. For my own part, I can truly say I have no objections to such a pedigree.

The remedies used by the early reformers were condemned, and ridiculed by the doctors in power. But in spite of this they have steadily grown in favor, till today a very large per cent of the medicines used by physicians of all schools in this and in other lands, are the medicines used by these early American doctors, remedies that were indigenous to the soil and not brought from over the seas, and therefore *American Medicines*.

It took a long time to bring about this state of things. For years the dominant school was determined not to see any good in many of our native plants. This went so far that, the remedies used by the reformers had to be gathered by their own hands, because they could not buy them. But as the demand increased so vastly, firms apart from the old chemical and pharmaceutical firms were started to supply American Botanic and Herbal Remedies. And thus arose houses such as W. S. Merrell, Merrell, Thorp & Lloyd, Lloyd Bros., B. O. and G. C. Wilson, and others. The business done by these firms in purely American drugs was phenomenally great—and gradually the old line drug houses fell into line. But the assumption of some

of these old line drug firms was simply immense. In looking over a list from one of these houses quite a number of years ago, my eye fell on the name of a plant with whose medical properties I had been acquainted long before that firm came into existence. And yet in their list they say: *First Introduced by us.*

Thus we have seen that the Eclectic or American Materia Medica was vegetable in its origin; it was grown on American soil; it was exploited by American men, and the true Eclectics today are in the succession. They are the true descendants of the men who, when this country was still young, cut loose from established precedents, and carved out for themselves a materia medica—which has every right to be called The American Materia Medica. But this American or Eclectic Materia Medica was not born in a day. Like most good things it was a thing of slow growth. The improved materia medica of those days was far from perfection. Though we use the same plants and materials to make our medicines that our fathers used, yet how different the finished products. This writer believes that the best representatives of the vegetable remedies used by the fathers were infusions. They were very effective, but often very unpleasant and to the last degree unstable. For years concentration was attempted by boiling down and evaporating, but so far as the finer principles of plants were concerned, these methods were always a failure. You might as well expect to get the soul of a man by boiling his body, as to get the vital, health-giving powers of plants by decoction and evaporation. Decoctions and solid extracts were never a great success in the American or Eclectic Materia Medica. When we now give from the one-twentieth to the one-fourth of a grain of the active principle of *podophyllum peltatum*, do we ever recall the time when one-half to one teaspoonful of the powdered root used to be given for the same purpose? Those of us who do remember those doses, do we remember that it was Prof. John King, M. D., who discovered the secret of getting the active principle? Thousands of physicians all over the world give this remedy without a thought of that grand old laborer in the cause of the American Materia and Medica. It was the Eclectic who elaborated the active principles of plants which have been used with such good results.

Think of the fluid extracts of thirty years ago, how uncertain in their action. Compare them with the finished products of our best houses today. What a change! Who has done the



work that has brought about this change? It is the patient labor of men who are the direct successors of those laborers, who cut loose from old-time traditions. And who inaugurated the American Materia Medica? There have been three men in the past, two of them are dead, the third is living and abundant in labors today. These three men I have elsewhere named, the three Johns: John M. Scudder, John King and John U. Lloyd. To these the world of progressive physicians and the world of the sick, owe a debt of gratitude. They have done great things for our materia medica. Their last united effort has resulted in a class of remedies hitherto unsurpassed. Whatever there may be in store for us in the future, today we have no better remedies than Specific Medicines.

A word in conclusion, in the beginning the American or Eclectic Materia Medica was entirely vegetable and in this field, Eclectics have had great success. Today our hands are not tied, we are privileged to use every kind of remedy that can help the sick—ponderable and imponderable, all these helpful means, may truly be called ECLECTIC !

But it is the remedies grown in our own land, indigenous to our own soil, that have the best right to be called *The American Materia Medica*.

### THE A B C OF THE ECLECTIC MATERIA MEDICA.\*

By Florence T. Truax, M. D., Tallapoosa, Ga.

Our homœopathic friends are credited with saying: "Most things come right by aconite," and when we find this label on the first bottle in the case of almost every Eclectic physician in the land, we are prone to believe that there must be some truth in the assertion. The range of action is so extensive that we are sometimes at a loss just where to class this important remedy. We are taught that it is a sedative because it slows the pulse, diminishes arterial tension, and reduces an elevated temperature; on the contrary, we find that it acts as a stimulant to a feeble circulation, increases a weakened action of the heart and raises a subnormal temperature. We know it has valuable antiphlogistic properties, for in the onset of all inflammations—mucous, serous and glandular, we have learned to consider it a remarkable agent in all affections of the cardiac plexus. We have proved its advantages as an emmenagogue; we can be certain that it is an anæsthetic when applied locally, so we must

\* Read before the National Eclectic Medical Association, June, 1904.

conclude that this agent, with its tiny dose, quick results and permanent benefits must occupy an important place in the armamentarium of the Eclectic.

But, if we are to follow the line of thought established by the immortal fathers of our system of medicine, there is no such thing as the classification of remedies, and to the evidence of this truth aconite contributes no small share. The conditions met by aconite are all the same—we find the small, frequent, hard pulse, showing enfeeblement of the heart's action, in the initial stage of all inflammatory diseases, the hot, dry skin, suppressed secretions, and evidences of capillary failure. As Dr. Ellingwood pertinently asks: "Why should the physician wait till a group of symptoms appear that has a name, when the indications for one remedy are so conspicuous? How many of us have been called to cases where every evidence contributed to the conclusion that inflammation of grave and serious character was an approaching certainty, when aconite promptly met the indications and no fever developed."

As a child's remedy, aconite is unsurpassed, perhaps because the indications are so easily discerned. How often have we found the little patient tossing with pain, burning with fever, unable to sleep or rest, the tiny pulse beyond count, the fever running at an alarming height. And how often has the single indicated remedy, aconite, succeeded, because it meets the conditions present, while a coal-tar product would reduce the temperature and slow the pulse quite as quickly. We have yet to find that coal-tar products abort or dissipate any inflammation now extant. We want to emphasize the fact that aconite is pre-eminently the remedy to be used at the *onset* of inflammatory processes. Its work is this: it diminishes the arterial tension, causing the pulse to change from its hard, quick beat to the slower, fuller stroke approaching right life; it soothes the nerve centers, producing rest and quiet, natural sleep, thereby adding to its lately discovered reputation as a hypnotic: it promotes free diaphoresis, fulfilling the indication: with hot, dry skin it retards and antagonizes inflammatory action of any sort or nature, and hastens resolution and promotes absorption of the products of inflammation.

But, when its work is done, let its use be discontinued, as the heart's action may become depressed. We have spoken particularly of the influence of aconite upon inflammatory processes, and will cite pleuritis, pneumonitis, enteritis and peritonitis as examples of the force of this agent upon the different

structures of the body. We want now to speak of aconite in two other inflammations—tonsillitis and nephritis, as illustrative of its powers upon the glandular structures, if we concede the kidneys to come under that classification. Its action in the former inflammation is so well known that we pass it with only a mention; but in the latter-named disease aconite has proved, with the writer, a sovereign remedy, reducing the high temperature, slowing the abnormally fast pulse, relieving the intense pain in the region of the kidneys and producing a free and copious return of the urinary secretion. In the aged, this remedy seems particularly useful.

In mentioning the action of aconite in glandular inflammations we must not forget to speak of its power in mastitis and oophoritis, and this brings us to speak of its use as an emmenagogue, which it certainly becomes when given upon its direct indication, which we find so generally present in young girls and in those cases where amenorrhea results from "taking cold."

We have become so accustomed to thinking of aconite as a remedy in acute affections, that we sometimes overlook its value in chronic lesions. In angina pectoris, combined with lobelia it seems to specifically meet the tingling, numbing sensations so frequently met in rheumatism; used both internally and locally, its force is plainly seen upon the nerves and the serous structures about the articulations. In neuralgia it is a powerful agent, and in reflex vomiting it is specific, if given upon a direct indication.

The transit from aconite to belladonna is an easy one, since the two agents are strangely synergistic, alike yet dissimilar, a powerful combination, yet in some respects of entirely different action. Both have a salutary effect upon the capillary circulation. Aconite is the remedy for feeble capillary circulation; belladonna the agent for capillary congestion or blood-stasis. Belladonna acts, like aconite, upon the nerves, directly controlling the heart, but, unlike aconite, produces a fuller, faster circulation, and has a profound effect upon the circulation of the capillaries, filling with blood the minutest ramification. This being the case, we have in belladonna a stimulant of the highest character, invaluable in the treatment of all wrong life where the slow pulse, dusky-colored skin and cold extremities denote blood-stasis and capillary congestion. With this line of indications as a leading use for belladonna, we can find an almost endless field of uses for this agent. In all forms of inflamma-

tion where resolution is not speedily effected, the congestive tendency is in evidence, and here belladonna is at its best. In all the forms of exanthemata, where the eruption is tardy, delayed, or where a retrocession is the feature in hand, we find belladonna a remedy which covers a field that as yet has not been touched by any other remedy.

While, as with the previous remedy, the field of use of belladonna is largely or rather more popular as an agent in acute diseases, its use in chronic lesions is to be certainly depended upon when the line of indications calling for its administration is present. It is remarkable how often these evidences of wrong life present themselves. Just how a chronic diarrhea or dysentery, a chronic constipation, a kidney derangement or a menstrual irregularity can give external evidence to our senses and call for, as we believe it does, the administration of a remedy or remedies, we can not know, but we do know that the administration of these agents causes a restoration to right life, though how these changes appear and disappear may never be revealed.

The action of belladonna upon the glandular structures of the body is so well known that I hesitate to mention it for fear of becoming tiresome. Whether upon the sudoriferous glands, the lacteal glands, or the kidneys, belladonna exerts a specific influence. In this connection I would also mention its value as a curative agent in sterility, presumably because of its stimulant action upon the ovaries. In the aged, the cold extremities, the blue veins and pallid skin call for belladonna, and we are often enabled to make comfortable the pilgrims whose feet are nearing the end of the journey. I have found, that in those peculiarly constituted individuals who do not tolerate belladonna in the tincture form, that the Homœopathic preparation, in 3 x trituration acts like a charm, giving in the medicinal action of the drug with more of its so-called toxic effect. The third of our Eclectic trio is capsicum, and I almost see the smile which greets this announcement, so old, so very antiquated is this remedy. Had Samuel Thomson done nothing more for reform medicine than to introduce No. 6, we think him entitled to more than ordinary commendation, for the action of this stimulant is so far ahead of most others that we only wonder we do not use it more. This remedy is a pure stimulant, it produces the most rapid capillary determination of blood to the part; if taken into the stomach, it promotes its own absorption and causes its influence to further points through the nerves. It acts also directly upon nerve centers, and is a most powerful,

though oftentimes insidious, diffusible stimulant. Its action is so prompt and general that in a few minutes after it is administered, a comfortable sensation of warmth pervades the entire system, and a certain tonicity is given the muscular, nervous and circulatory systems.

Thus its field of action is a wide one; it is indicated in all enfeebled and relaxed conditions with impairment of nerve influence. In paralysis and paresis, capsicum deserves more than a passing note. We have used it to such advantage in these cases that we think of it now before many of our other more popular remedies. In the cold stage of delirium tremens, in the treatment of the opium, tobacco and whiskey habits, capsicum plays an important part. In prostrating diarrheas, exhausting fevers and cholera, we have no more efficient agent.

As an adjuvant remedy in atonic dyspepsia, chronic constipation and chronic hepatitis, capsicum is without a peer.

As a stimulant, pure and simple, we have more confidence in capsicum than in our alcoholic preparations, for contrary to them, we have no bad after effects; when it is necessary to stimulate, as the results of the stimulant. For this reason, in the cold stage of pneumonitis and kindred affections, much may be done to cut short the chill and produce reaction by the administration of this homely remedy. In post-partum chill, we have nothing better than capsicum; in fact, we have come to so rely upon this agent as a panacea for this uncomfortable and oftentimes dangerous condition, that we give it with almost as much routine as we tie the cord or deliver the placenta.

In post-partum hemorrhage, there is nothing more prompt in action than capsicum, when the bleeding occurs from relaxation of the blood vessels. Its action is so quick, so sure and so permanent that we are inclined to give it credit for some of our rapid recoveries from apparent approach to bleeding to death.

In ulceration of the stomach, the hot infusion of capsicum has wrought wonders. In threatened gangrene from freezing, the local application of No. 6 has saved many a limb from the surgeon's knife. Locally applied to chilblains, its use is so common that it needs only a passing mention.

Here are our A B C's, be they stimulant, hypnotic, sedative, or all of these. What is their field of use? Just what we make it, as we use them, day after day, getting good results on old indications, developing new lines of direct action as we study their application further. The future of the Eclectic Materia Medica is in our hands, to add new stars to its luster, to cause

to shine with undiminished brilliancy the work of the men who lived to make our school of medicine what it is to-day, not only through the A B C's of the alphabet, but to X Y Z, etc.

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### THE RELATION OF CONIUM AND HYDRASTIS TO THE MAMMARY GLANDS.\*

By Herbert T. Webster, M. D., San Francisco, Cal.

Knowledge of the specific action of conium upon the mammary gland considerably more than antedates the earliest history of Eclectic medicine. Hahnemann, in 1818, published an account of the therapeutics of this drug, including, among other reputed properties, its action on the breasts. Even then, however, this was not a new idea; Dioscorides was aware of it in his time, and employed poultices of the fresh plant to prevent undue development of the breasts in young girls, and Pliny and Avicenna recommended poultices of conium and corn-plaster for the removal of mammary tumors.

Dunham, in his work on Therapeutics, is emphatic concerning the prompt action of this drug in the cure of non-malignant tumors of the mammary gland, asserting that he has numerous times removed such growths from the breasts by its internal or specific use; and his testimony is supported by that of many other physicians of his school.

But our own school offers some testimony on the subject, though older authorities are silent. Ellingwood's *Materia Medica and Therapeutics* mentions the application of this agent to diseases of the breast, as also does the last edition of the *American Dispensatory*. *Dynamical Therapeutics* will be found to contain reference to the subject, though the author was not as well confirmed in the value of the remedy from personal experience at the writing, as at the present time. Even that staid representative of conservative therapeutics, the *National Dispensatory*, recognizes the specific affinity of the agent in this direction.

Perhaps one of the most practical uses made of it is its application to painful fullness of the mammary glands about the menstrual period, a complication to which quite a number of females are subject, and one so unpleasant sometimes as to demand effort for its amelioration or relief. Few agents apply so well to this condition as conium.

Though hydrastis is an old Eclectic remedy, we are compelled

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to admit that knowledge of its action on the mammary gland came to us second-hand. It has long been employed in certain quarters as a remedy in mammary cancer, at least since 1863, and has some cures to its credit, though there is much doubt about its power in actual cancer. Possibly, at a very early period of mammary cancer, before malignancy has become very much developed, we may find some remedial action in it, but we should be more than satisfied with its power to remove benign mammary tumors; for these may be the forerunners of malignant disease, and prevention is "just as good" if not better than a cure.

In 1863 Drs. Marston and MacLimon reported some remarkable success with hydrastis in mammary tumor. Among the cases referred to was one which was so striking that I will quote the report, since it has an application to the subject in hand:

"Mrs. F. had suffered for six months from a swelling in her left breast, for which she sought relief. The pain, which was compared to knives being thrust into the part, had become almost unbearable, and the patient was already beginning to assume that worn appearance so characteristic of the cancerous diathesis. The tumor, which had attained a considerable size, was hard, heavy and adherent to the skin, which was dark, mottled, and very much puckered, the nipple being also retracted. The patient was advised to come into town for the enucleation of the tumor. This, however, the circumstances prevented; and without any expectation of affording much relief, a lotion of hydrastis was ordered, with the internal use of the same medicine. The pain almost immediately ceased, and the tumor so speedily decreased in size that at the end of two months it had altogether disappeared, leaving but the puckered skin, which had otherwise regained its natural appearance. When we last heard of this patient she continued perfectly well. It is needful to state that her health rapidly improved during the treatment, and that her countenance regained the aspect of health."

I doubt that many cases of cancer will ever be cured with hydrastis, for the remedy has been so thoroughly tested in certain quarters that a reputation ought to be established for it now, if it is entitled to one. However, in my hands, it has entered into a combination which has proven very reliable in mammary tumors of benign type, and even in some which manifested symptoms suggesting malignancy, though it has proven curative only in the very early stage. If it possesses much virtue in mammary cancer it must be in prevention, not in cure after

malignancy has become well established. I will here offer report of several cases which have been under my notice, and which have been treated with a combination of conium and hydrastis. Possibly conium alone might have accomplished as much as the combination, though I give hydrastis credit of at least improving digestion and assimilation in cases attended by cachexia.

In 1880 Mrs. G. applied to me for treatment for a growth in the left breast. The tumor was not painful nor sensitive to touch, nor was there any marked retraction of the nipple to suggest malignant disease, but a history of cancer in the family rendered the presence of the growth very disquieting to the patient and her friends. The growth was near the size of a hen's egg, situated beneath the nipple, and considerably denser to touch than the surrounding tissues. It had been several months in developing, and the subject had gradually failed in health until she was weak, nervous, dyspeptic and sallow. She was of lymphatic temperament, and about 45 years of age.

In those days surgical measures were not accepted by the public as readily as at present, and no such idea as that of an operation would be listened to by either the patient or her husband. The question was: could anything be done without? I knew of the reputation of conium and hydrastis in such cases, but had never tried them. I proposed that I have three months to try, and having been granted the request, prescribed specific conium two drams, and specific hydrastis two drams, to eight ounces of vehicle, consisting of water with enough alcohol to preserve. Of this the dose prescribed was a teaspoonful four times daily; before meals and at bedtime.

On this treatment the general health improved the first month, though no noticeable change had taken place in the mammary growth. At the second month it was found, however, to have lessened considerably in size, and by the end of the fourth month it had disappeared. The general health of the patient was now good, and I learned, from her own lips, ten years later, that she had remained free from any symptoms of disease of the breast, and had enjoyed average health in the interval.

In 1890 Mrs. W., more than 80 years of age, applied to me for relief of pain in the right breast. It was lancinating, and so severe as to prevent sleep at night. The patient informed me that her breast was shrunken and hardened. An examination revealed retraction of the nipple, fixedness of the mammary gland to the wall of the thorax, and general hardening of the



breast. It was a typical case of scirrhus breast, and I could offer no hope of permanent relief, to the son of the patient, who had brought his mother to me, and who desired to know the worst. However, I undertook to ameliorate the intense pain, that rest at night might be enjoyed, and prescribed half an ounce each of specific conium and specific hydrastis in a pint of vehicle, to be taken in teaspoonful doses four times daily. In a fortnight the pain was much relieved, but not entirely gone. Echinacea had then but recently come upon the stage as a remedy for cancer pain, and I decided to add it to the treatment. Half an ounce of echinacea was therefore added to a pint of vehicle and alternated with the combination of hydrastis and conium, a teaspoonful four times daily. The pain almost immediately ceased, and the patient afterward, so long as she continued the remedy, enjoyed good sleep at night, a good appetite and perfect digestion. The malignant growth progressed slowly, but the patient lived more than four years afterward, finally dying from arterial hemorrhage from a small ulcer that had opened at the side of the retracted nipple. Several times she became disgusted with the idea of continually taking medicine, and stopped it, but was compelled, on account of severe pain, which invariably returned in a few days, to continue treatment.

In 1892 Mrs. F. applied to me for examination of a hardened lump in the left breast, which had appeared a few months before. She was about the menopause, and her mother had died with cancer of the breast about this age; consequently, though her general health was good, she was anxious to have something done about the abnormal growth. The tumor was about the size of a walnut, located near the nipple. It had been noticed about a year before, and had been slowly increasing in size. The patient's general health was fairly good, except that much mental depression was present as a result of the threatening morbid growth. The tumor was neither painful nor sensitive to pressure. Conium and hydrastis dispelled the growth in less than four months, and five years later I learned that no further symptoms of mammary hardening had been noticed.

In 1900 Mrs. S., an old patron, called upon me for treatment for tumor of the breast. A hardened lump had recently developed in the right breast, which manifested some symptoms of malignancy. The patient's complexion, which was naturally clear and rosy, had become sallow, and her countenance had assumed a haggard, worn expression, and she complained of debil-

ity and loss of spirits. The tumor was not much larger than a walnut, and was located under the nipple, or slightly at one side, but it appeared to be adherent to the skin, which was somewhat puckered at that point, and there was tendency to retraction of the nipple. I regarded this case with considerable apprehension, though no pain attended. The prescription of conium and hydrastis already described was ordered for this case, and persevered in for more than four months. Finally, all traces of the morbid growth had disappeared, and the patient was restored to her former condition of good health and clear complexion.

These are by no means all the cases in which I have given the remedies named a trial, but not all have persevered in treatment until results could be positively stated. In these piping times with all kinds of doctors and all kinds of beliefs about, chronic cases drift about like straws before the wind, in many instances, and not every one ever has a fair trial at any hand. I believe, however, that in these two remedies we have nearly a specific in new growths of the breast of benign nature, especially if they appear about the menopause. Which one deserves the most credit it is difficult to decide, from my experience, though if I were to depend upon a single one of them, I certainly should choose conium. However, hydrastis adds considerable to the quality of the prescription, in its ability to promote digestion and assimilation, and restore general health. I believe the selective action of conium to be the active element in the removal of the local lesion.

As no local application was made in any of the successful cases I have reported, there can be no doubt as to the specific action of the internal agents. If the medicine did not cure, what did?

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## THE PATHOLOGY AND NON-SURGICAL TREATMENT OF APPENDICITIS.\*

By A. P. Hauss, M. D., New Albany, Ind.

Until comparatively recent years, the affections that we now recognize as due to an inflamed appendix, were classed under the terms typhlitis, perityphlitis or paratyphlitis, or more vaguely still, "inflammation of the bowels," and it is largely due to American surgeons that the real origin of these cases has been worked out. It is now practically admitted by clinicians and pathologists, in the English-speaking countries at least,

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that the vast majority of the cases of typhlitis are to be attributed to a diseased appendix.

With regard to etiology, appendicitis is much more common in males than in females. Most cases come to operation between the ages of twenty and thirty years, but where previous attacks have occurred they have frequently taken place between the ages of ten and twenty years.

There are several reasons why the vermiform appendix is particularly liable to disease. It is the relic of what was probably a large cecal pouch, and there is considerable evidence adduced to show that it is still passing through a process of gradual involution. In 400 appendices obtained at post mortems, a pathologist of high standing found that 25 per cent. showed evidence of retrograde, and atrophic changes in the absence of any indications of previous inflammation.

In this brief paper it is not my intention to go into the minute pathological conditions of appendicitis, merely giving the classifications according to the extent of inflammation. From a practical as well as a scientific standpoint, it is advisable to classify appendicitis into (1) catarrhal, (2) ulcerative, (3) obliterative, (4) perforative, (5) gangrenous; and it is my opinion, that the average physician in general practice can not define the exact pathological conditions, for this reason, the conservative physician depends largely on nature to effect a cure. Statistics have proven that 85 per cent. of all cases of appendicitis will recover without surgical interference.

With these facts before us, and from my own personal experience in the non-surgical treatment of appendicitis, I am confident of the fact that if all cases of appendicitis would have the proper and rational medical treatment from the onset of the inflammatory condition of the appendix, but few cases would need surgical treatment. The most important point in the treatment of this malady is the early diagnosis; then the patient should at once be put to bed, and the bowels thoroughly washed out with sulphate of magnesia; not merely moving the bowels, but the salts should be given in one to two large tablespoonfuls in large tumbler of hot water every two hours until the intestinal tract is free of fecal matter and gases.

By this complete depletion of the alimentary tract in the early stage, the inflammatory condition of the appendix is checked within a few hours, the salts having a special physiological action on the intestinal circulation, lessening the blood supply to the cæcum and connective tissue involving the appen-

dix. I have known the temperature to drop from  $103\frac{1}{2}$  to normal, in eight to twelve hours' time, following the administration of the sulphate of magnesia. The magnesia not only depletes the intestinal tract, but prevents auto-infection.

After the bowels have been washed out with the magnesia and hot water, the patient should have absolute rest in the recumbent position to relieve the pain. I always have a flannel wrung out of hot water and applied, and I also apply warm lard and turpentine over the ileo-cecal region. The application of lard and turpentine every four to six hours, and the flannels wrung out of hot water every hour has the effect of relieving the pain, and the patient and friends have the satisfaction of knowing that there is something being done.

As to medication, the patient should be treated strictly as the individual case indicates, selecting the indicated remedy. As a rule, the cases invariably call for antiseptics, as sulphurous acid, muriatic acid, sulphite of soda, or echafolta, where there is blood depravation. While there is elevated temperature, aconite and ipecac, veratrum and ipecac are usually indicated to quiet the bowels. after they have been washed out, as stated, I usually add one dram of the tincture of opium to four ounces of the sedative solution. The opium, combined with the sedative, acts as a diaphoretic, as well as relieving pain and controlling the bowels.

As to the diet, the patient should have liquid foods, as Armour's extract of beef, panopeptine, beef tea. Milk should not be given during the early stage; after the fifth to seventh day milk, beef and barley broth may be given. and the patient should be kept in bed at least two weeks. The bowels should be moved every other day with sulphate of magnesia, if there is any tympanites. The sulphate of magnesia is the sheet anchor to prevent peritonitis at any stage of the disease. I am confident that 95 per cent. of all cases of appendicitis, if diagnosed within the first eighteen to twenty-four hours, and put on the treatment herein laid down, will recover without a surgical operation.

I am happy to say that I have successfully treated a number of cases every year, during my twenty-four years of active practice, and positively say that I have never had a patient die from appendicitis, or have I turned any of my cases over to any other physician or surgeon for fear that they would die on my hands. During all my years of active practice, I have had but one case that demanded surgical attention. In this case pus had formed and was walled off. A free incision was made in the abdominal

wall over the pus tumor. The cavity was irrigated with hot, sterile water, and the patient recovered.

The time has come and gone. The fad has had its day for the early amputation of the appendix, for every acute attack of inflammation; many lives have been sacrificed by the meddlesome surgeon who is eager for his fee, and in his mad rush to gain surgical reputation.

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### ODORS OF DISEASES,\*

By J. J. Sutton, M. D., Bluffton, O.

Olfaction, as one of the functions of the nose, and as a function for yielding pleasure and for serving as a means of information and protection, has been held in far too low estimation. In man this sense receives very little attention, partly because of the almost universal lack of development and training.

It is a known truth that the sense of smell is very acute under proper conditions. For particles of matter too minute to be visible even by the aid of a microscope, detached from the odorous body and coming into contact with the olfactory nerves make a marked impression. Indeed, in certain persons, we find the sense of smell so acute that its possibilities seem almost incredible.

In order that odors may be detected, certain conditions are essential; the perspective structures must be normal: nasal respiration must be unhindered; there must be purity and cleanliness of surroundings; no constant odors must be present, for we can easily become habituated to almost any kind of odor, so much so that it will no longer be detected. And in order to distinguish odors accurately a thorough course of developing and training olfaction is required.

That every race of man has a characteristic odor peculiar to its own race, there is no doubt, and in most cases this odor is displeasing to members of different races. It is also admitted that every human being possesses an individual odor, although generally our own sense of smell cannot distinguish one from another. This odor is variable with sex, age, climate, habits, the passions, the emotions, the occupations, and the conditions of health. It is not, however, the purpose of this paper to speak of these variable odors, but more particularly of diseases.

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Knowing then these facts, there can be no doubt that we derive great benefit in our daily life from good and well-trained olfaction. It may not appear to be of great value in the diagnosis of diseases, since most diseases are diagnosed without the aid of olfaction. Yet we have a few physicians who possess developed olfaction to such a degree that they are rarely led into error by making a diagnosis from the odor of disease. Some physicians lay great stress upon odor as a clinical symptom. We feel that more attention should be given to the sense of smell, for in our estimation it is next to the sense of sight in the treatment of diseases.

Let one thrust his educated nose into the saturated air of odors surrounding the patient and much will be revealed to him. He will be able at once upon entering the sick-room to tell what, if any, provisions are necessary for fresh air, sunlight, water, and cleanliness. It will not only tell him of soiled clothing, of garbage, of unclean vessels, foul closets, stale food, unclean cellars, damp walls, and all other stinks present, but in many instances will tell him what disease he has to deal with, its nature, its progress, and its stage of development; for many of the diseases and unhygienic ways of living have a strong characteristic odor peculiar to themselves, very hard to describe, but readily discernible when once recognized. While other diseases have their peculiar odor not so marked, and require a more acute sense of smell, yet in connection with other symptoms the diagnosis can easily be made.

We are all familiar with the "hospital odor." No description of it is necessary. And the wards containing women and children have their distinctive odor, differing very much from wards containing men. Each has its own peculiar odor.

Lunatics and paralytics, especially when assembled together in institutions, smell. An author says that it resembles that of yellow deer or of mice. Knight lays great stress on this odor, saying that in the absence of this odor he would not hesitate to pronounce a person feigning insanity, or *vice versa*.

We are also all familiar with the disease affecting the sweat-glands of the feet or arm-pits, bromidrosis, very easily diagnosed by the odor, hard to describe however, but readily discernible when once met with. No question needs to be asked nor shoes removed for its diagnosis.

Again, if one has ever come into contact with a case of atrophic rhinitis he will never forget the characteristic odor, frequently so disgusting and loathsome that it ostracizes the

patient from his friends. This odor when once smelled is always known thereafter.

In stomatitis gangrenosum we find an odor given off which is frightful and which fills the whole house, and the breath of patients suffering with gangrene of the lungs has a rotten, fetid, sickly odor, almost unbearable to a physician who makes the examination.

In tenia favosa a peculiar odor is noticeable, likened very much to the odor of a mouse-nest.

In milk sickness, a disease rarely found now in Ohio, the odor is always characteristic. After smelling it once no mistake will be made in diagnosis thereafter, by the odor alone.

In typhoid fever there certainly is a very distinctive odor. It is a musty smell often with the flavor of blood. Nathan Smith describes it as a "semicadaverous musty smell."

A peculiar odor exhaling from patients with relapsing fever has repeatedly been noticed by Kelly. The smell is peculiar, not fetid or heavy, but somewhat like burning straw with a musty odor.

In noma we find from the very beginning a very characteristic disgusting odor of gangrene which cannot be accurately described, but resembles that of a corpse or of decomposition.

During the days of suppuration of small pox we have a characteristic fetid, sickly odor, likened to that of the fallow deer, or in severe cases to a whole menagerie.

Yellow fever patients emit as early as the second day a peculiar cadaverous odor.

In measles a peculiar fusty odor closely resembling fresh-picked feathers is exhaled by the patient.

An indescribable odor likened by some to that of "bread hot from the oven" attaches to the scarlet fever patients and is an important aid in diagnosis.

The odor of diabetic urine just passed is usually in no way peculiar, but as fermentation progresses, an odor is developed which is characteristic, compared to stale fruit, and described by some physicians as a sweetish and mawkish smell as of hay.

In intestinal troubles, catarrh, dysentery, etc., in old persons the breath has a peculiar offensive odor, spoken of as fecal, in some instances. In children the odor varies frequently.

In gout the skin secretions give off an odor compared to whey.

Rheumatics emit an indescribable odor. Andrews called it acetiformic odor.

In aggravated cases of chlorosis an indescribable odor is perceptible.

So too there is an indescribable, unpleasant odor, peculiar to phlegmonous erysipelas.

Hysteria usually develops a smell of violets or pineapples.—Andrews.

In anemia an ammoniacal odor is detected.

Syphilis can readily be recognized by some from a peculiar odor, unlike any other odor.

In all diphtheria patients a sickening, gangrenous odor is detected, sometimes very offensive and fetid.

In simple intermittent fever we have an odor, indescribable, likened by some to "fresh baked brown bread."

In scabies a moldy odor is noticeable. And so on through all the changes and wrong conditions to which the body is heir, we find peculiar odors.

One more very distinct odor which we shall mention in this paper is the cadaverous odor sometimes perceptible for hours before death. Corroborative of this in the summer is the flocking of flies around the bed of the dying patient. And right here we wish to state that there is undoubtedly for each disease, owing to its feature of developing odor or smell, some insect attracted by it and which is to a certain degree responsible as a carrier of the germs of the various diseases.

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### CASE OF CARBOLIC ACID POISONING.\*

By Chas. L. Harding, M. D., Bellevue, O.

Like some physicians you know, the writer is a good sleeper, so at 6:00 a. m. on the third day of December, 1903, he was busily engaged in "pounding his ear" when the telephone rang. The phone said to come at once to see a patient three miles in the country. On arriving about an hour later I found one of the most miserable looking patients I ever saw. Lying on a bed in a profound coma with blanched face and lips, with open eyes, the pupils of which were contracted so they could scarcely be seen, and the conjunctiva markedly injected; with dilated, flapping nostrils; with open mouth and heavy, stertorous respiration; with very slow pulse which sometimes almost stopped; with blue finger nails and all that goes with a profound poisoning from carbolic acid.

The family of the girl (who was eighteen years of age, single, and pregnant—about eight months advanced) told me that she had drunk the contents of an ounce bottle about half full of a

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\* Read before the Ohio State Eclectic Medical Society, 1904.



solution of carbolic acid. I examined the bottle later and found crystals of phenol on the sides in abundance, and so concluded that it must have been about a 90 per cent. or 95 per cent. solution.

Upon completing a hasty examination I informed the parents that the patient could not recover, but would do all in my power to save her. They told me that within five minutes after drinking the acid she went into convulsions followed by the condition in which I found her, and that she had not vomited. I injected 1-20 gr. apomorphia, and getting no response in three minutes repeated the dose; again getting no response in three minutes I repeated the dose. Failing again to get the desired emesis and having nothing better at hand I detached the nozzle from the hose of a fountain syringe; greased the hose and ran it down the oesophagus to the stomach and poured through the bag a quantity of a solution of soda bi-carb., having nothing better at hand. Then she spewed! My, how she spewed!

The patient being very much depressed, I now gave a hypodermic injection of strychnia nitras 1-40 gr. After the pulse responded a little I came to town and procured some sulphate of magnesia and some sulphate of soda which, in solution, I managed to get down her in liberal quantities. Atropine was also administered hypodermically. It was not until 2:00 p. m., or eight hours after taking the poison that my patient began to return to consciousness, and not until several hours after that she was wholly conscious. Then we secured an evacuation of the bladder and the urine was exceedingly bloody, showing hemorrhage from the kidneys. We also, by the aid of an enema, secured a bowel movement, but no blood passed from the intestines.

During the first and second days vomiting and retching were almost constant, but the strength of the patient was sustained by hypodermics of atropine and strychnine.

On the afternoon of the second day labor pains began and continued regular and normal until delivery. The child breathed a few hours and cried very feebly a few times. After the labor was over the nausea subsided somewhat but the patient complained of great pain in the stomach.

On the third day the lochia was exceedingly offensive indicating metritis, so we irrigated the uterine cavity with sterile boric acid solution, using a dull canulated currette as an irrigator. This process was repeated two or three times until the lochia had no fetor.

The third day was also marked by the development of double pneumonia, with all the characteristic symptoms of ordinary pneumonia. This ran a course of eight or nine days when it subsided, but for four weeks the heart action was very irregular and feeble. On December 29th the patient was discharged.

The case aroused considerable local interest and we believe it to be quite remarkable that recovery took place. One reason we have ascribed is that the patient was an unusually hearty girl, and another reason is that she was a sufferer from chronic gastritis and during the night previous to her attempt at suicide there had accumulated in her stomach sufficient mucus to act as a protective to the mucous membrane of the stomach. Her recovery was complete. Her stomach now performs its functions in a very natural manner and she enjoys the most perfect health, the catarrhal gastritis seeming to have been radically cured.

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### CEANOOTHUS AMERICANUS.

By G. G. Crozier, M. D., Tura, Assam, India

*Editor Eclectic Medical Journal*—I have enjoyed the visits of the journal each month and always get some good from them. The last one that has reached me has a short note on *Ceanothus Americanus* that would seem to indicate that it is a medicine not much known. Although I am a member of the school some of your writers delight to ridicule and although I got my first information as to the use of this medicine from a Homeopathy book—a very readable little book on Diseases of the Spleen and Their Remedies, clinically illustrated by J. C. Burnett, M. D., published by James Epps & Co., London—a book the author styles as one on Organopathy, yet as it would appear that this remedy of great value is not sufficiently known even by the members of the Eclectic School, I send along this little note which you may publish if you think it will be of any assistance to anyone.

I have used *Ceanothus* for about five years in possibly several hundred cases. There is a difference in the quality of the tinctures that reach me out here in the jungle. It is my standard medicine in all cases of enlarged spleen in patients not specially requiring a general tonic. A drop and a half of the tincture three times daily would seem to be a mild attack on a spleen that crowds into the right groin, but it does the work. A spleen that

passes the umbilicus by only a few finger breadths gradually moves back to its proper place in a couple of months or so, and where the spleen is down only a hand-breadth, with slightly larger doses it sometimes goes back in a week or two. Cases of persistent fever with enlarged spleen will often yield to quinine promptly after a few days of Ceanothus.

The author quoted gives several cases of interesting use of the drug in persistent coughs, that proved to be reflex from enlarged spleen, and also gives other cases of interest, and gives something of the bibliography of Organopathy as has been helpful to him. It is a safe medicine to put out into the hands of the ignorant, for a whole month's supply will sometimes be taken in a few days by the impatient and credulous.

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### **SPECIFICS IN CHILDREN'S DISEASES.\***

**By J. D. McCann, M. D., Monticello, Ind.**

The doctor that attempts to treat sick children and knows nothing of the virtues of specific medicine, is to be pitied. It would be better, however, to give the larger share of your sympathy to the child.

The average child does not take kindly to medicine, and when nauseous doses are forced into an already nauseated stomach, which would reject the most daintily prepared food, the call for a pleasant medicine is most urgent.

We are to be congratulated that we live in an age when we do not need to resort to powdered scorpions and the lancet to cure the ills of our little ones. As an exact science we can not say that our medicines have reached their culmination, but with many symptoms met with in children, it does not require the specific medicationist very long to solve with mathematical nicety the therapeutic remedy which will absolve that child from its difficulty. It is this scientific fitting of the remedy to the disease that makes us feel that by and by the much-desired goal will be reached.

The pleasant and accurate remedy for the ills of childhood is daily seeking at our hands a solution. In the fever of childhood we naturally turn to aconite—fever being a despoiler of nervous equilibrium. We would look for another remedy to serve us as a balance wheel, and we reach for our bottle of gelsemium.

Therefore the combination: Aconite, three to five drops; gelsemium, eight to fifteen drops; water, four ounces, and we have a medicine both pleasant and effective.

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\* Read before the National Eclectic Medical Association, June, 1904.

I have one little patient which, if she becomes feverish, the secretion of urine suspends action, the remedy for her, then, is *apis* and *equisetum*—ten drops of the former to twenty of the latter, in three ounces of water.

The single remedy of either will not do the work of the combination, in this individual patient.

*Belladonna*, while an excellent remedy, when properly indicated, often causes such redness of the skin that the anxious mother becomes alarmed for fear that a new malady has attacked the little one, and this probable condition should be explained when the remedy is given.

The Creator must have had in mind the yellow baby when he caused to grow on this generously productive earth the *chionanthus*. Mothers are too proud of their little ones to want the unsightly color to last long, so we give a few drops of *chionanthus* in one-third of a glass of water, a half teaspoonful every two hours, and the result is happier than the effect produced by a whole pint of saffron tea.

Did you ever see the anxious mother scurrying here and there in quest of that delicious old-time remedy, catnip? It may be that the snows of winter have covered the herb and the stock in the attic is exhausted, and the mother bewails the fate of the little one. Soothe the baby and the mother by a very small dose of *cannabis indica* administered at frequent intervals to the little one, and all is well.

*Pulsatilla*, *jaborandi* and *asclepias* have been my remedies in one of the greatest epidemics of measles our community has ever experienced.

When there is cold on the lungs and each cell seems to be a special seat of inflammation, *asclepias* is the remedy, but no more the remedy than *euphrasia*, when the cold is in the head, and the annoying snuffle predominates. With some children quinine proves to be incompatible with their make-up; in such case *bryonia* and *gelsemium* act nicely as an antiperiodic, and causes no unpleasant results.

*Iris* and *phytolacca*, for glandular and skin trouble, are fruitful remedies, and worthy of attention with scrofulous children. Colic is one of those troubles that causes the mother to sing her lullaby without avail, causes the father to say or think unpleasant things and demoralizes sleep for the whole family. A precious remedy to think about in this case is the old neutralizing cordial with *colocynth* or *dioscorea*. Give the small dose, but repeat it often.

In enuresis we possibly think of thuja, belladonna or nux.

Should there be an excess of gas on the stomach, xanthoxylin would no doubt be the remedy to make the little one comfortable. In convulsion we naturally think of gelsemium, passiflora and avena; possibly a free emesis by lobelia to empty the stomach would be a charitable act.

Without prolonging this paper to the point of weariness, I would urge you to select well your remedies to fit the case at issue. Keep a case-book in which you note symptoms, remedy and result, and in a year from now you could produce a book that would be beyond price.

We should realize that much of our practice is among children, that the parent's love is strong for the little ones and the doctor that can treat the children successfully is a mighty man in his community, and he only rises to his full stature as a benefactor when he can make a good diagnosis and a good prognosis because of his knowledge of specific medicine.

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## Eye, Ear, Nose and Throat.

CONDUCTED BY KENT O. FOLTE, M. D.

### HYPERPLASTIC RHINITIS.

This is a chronic disease affecting the entire structure of the mucous tissue.

*Etiology.*—The etiology and pathology of so-called hypertrophic rhinitis is a vexed question, as there is considerable diversity of opinion regarding the disease, and also a great deal of confusion as to the diagnosis of the disease. It is frequently difficult to distinguish between a chronic rhinitis, intumescent rhinitis, and the hypertrophic form so-called, as during some of the stages of each, the symptoms are essentially the same, but the final stage is very different. In the hyperplastic or hypertrophic form, the increase of connective tissue elements of the submucosa is similar to that of a benign tumor, and remains practically the same, not contracting as does the tissue resulting from inflammatory processes. The disease may result from repeated or continued attacks of chronic rhinitis. Climate seems to have but little to do with the condition.

*Pathology.*—There is increased connective tissue formation, as a result of constant irritation keeping up hyperemia, but not producing a true congestion. New gland tissue may also be

formed as a result of this increased tissue, but there is not a normal function of this new tissue. Increased fibrous structure is found in the submucosa, the vessels being abnormally separated by the thickening of the connective tissue support. There is an increase in the capillary supply, but the basement membrane is but little if any changed. The epithelial portion is thickened and there is an increase of cell layers. The external layer may be ciliated and the inner layer of the columnar type. Folds and furrows are present in the epithelial structure.

*Symptoms.*—There are no specially characteristic symptoms differentiating this from several other forms of rhinitis. One or both sides may be involved, and the morbid process may be located in either the anterior or posterior portion of the turbinal tissue, or cover the entire surface. The progress of the disease is essentially chronic. The color of the membrane varies according to the stage and amount of thickening. The character and quantity of the discharge varies. There may be an increase in the turbinated bony structure. Often there will be found deflection of the septum, exostosis or enchondrosis. Not infrequently the diagnosis of a fibrous polypus is made on account of the appearance of the thickened mucous tissues. Nasal respiration is impaired, and slight irritation will produce a marked engorgement of the tissues. Any position which facilitates gravitation, will increase the distension of tissue. The constant impairment of nasal respiration, especially during sleeping hours, promotes the habit of mouth breathing.

The secretion is tough, tenacious and thick, even when scanty, and is difficult of removal. The sense of smell is impaired or lost entirely. The tissues of the anterior region of the nose may be nearly normal in color or reddened. The anterior portions of the inferior and middle turbinates may be much swollen, smooth or lobulated, and that of the inferior may project sufficiently to touch the septum. The septal tissues present irregular areas of swollen tissue, especially the lower portion. In many cases the changes in the anterior portion of the nasal cavities are not marked, but the posterior portion, especially of the inferior turbinate, will be much affected. The rhinoscopic mirror will reveal a rounded whitish mass, which may be lobulated. The middle turbinate may present the same appearance to a lesser degree. These masses may partially or completely fill the choanæ, and sometimes may project into the vault of the pharynx, encroaching on the

orifices of the Eustachian tubes. The so-called mulberry form is regarded by some as an early stage of the disease. The color is dark red or purplish and the mass may bleed on slight irritation. The posterior portion of the septum may also present either of these conditions. The middle portion of the turbinates may present the same appearance as either the anterior or posterior parts. Frequently pedunculated masses and papillomatous-like growths may be found projecting from the turbinates. Longitudinal grooves may be found on the septum, the result of pressure from the swollen turbinates. The superior turbinates and roofs of the fossæ are seldom implicated in the morbid process.

Eye complications are frequently present when the superior portion of the nasal cavities are affected.

The quality of the voice is changed, there being a nasal twang to the voice, as a result of interference with nasal resonance. Conjunctival irritation and epiphora, as a result of occlusion of the nasal duct, is frequently present when the middle turbinate is affected. Impaired hearing will result when the posterior portions of the middle and inferior turbinates are involved, through interference with the Eustachian orifices. Frontal headache of a dull, intermittent character is often present. Retention of secretion in the nasal cavities may result from both the irregular surfaces and change in the consistency of the secretion. The secretion may become offensive. Cough may result from the secretion passing into the nasopharynx. If mucoid degeneration takes place, the tissues appear whitish or grayish. A sensation of fulness and pressure over the bridge of the nose is not uncommon. Nasal polypi are not infrequent complications.

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#### TREATMENT OF CONJUNCTIVITIS.

Ferges, gives in the *British Medical Journal* of March 11, 1905, the following advice. He reminds us that formerly it was the custom to apply a compress and bandage in the treatment of almost every case of corneal ulceration. The bandage was supposed to do good first by keeping the eyes at rest, secondly by excluding cold, and thirdly by giving the ulcerated surface a certain amount of support. It is obvious on the slightest consideration that a bandage applied only to one eye will not keep it at rest, for, notwithstanding its application, the eyeball will move freely along with its fellow; all that the bandage does in this respect is to subject the eye in its movement to a greater

amount of friction. A bandage may or may not keep out cold. While the author has never tested the difference of temperature between the skin under such a bandage and the same part of the skin without it, he believes one thing to be certain, and that is that it does retain septic secretions, and consequently it simply foment the organ with its own septic discharges. He admits that sometimes a bandage is of use in preventing an ulcer from becoming ectatic, but apart from this limited use bandages seem to him to be quite inadmissible in the treatment of corneal ulceration. In most instances they are productive of harm. If the eye must be protected, then let it be by a shade or by a pair of smoked glasses. If dark glasses are to be used for the purpose of diminishing the amount of light which enters the eye, they should be smoked glass and not blue. These latter allow the actinic rays to pass freely, and hence, if it be desired to keep the chemically strong rays out of the eye, it is a mistake to tint the glass with blue or purple. At the same time, cobalt-blue glass, or the more recent amethyst glass, while allowing the light of short wave-length to pass, will largely exclude the heating portions of the spectrum. Smoked glass diminishes both sets of rays.

It would therefore seem that the former practice of fomenting eyes should be discarded. Presumably nothing more aids the development of micro-organisms than a moist heat, and corneal ulcers have been made very much worse by the application of fomentations. So far as the author's practice is concerned, he employs them only for two purposes, one of which is to promote suppuration in the early stages of panophthalmitis, and the other to relieve the pain of rheumatic iritis.—*Therapeutic Gazette*.

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#### NASAL DISEASE AS A CAUSE OF HEADACHE.

Whitehead, after discussing this subject in the *British Medical Journal* of January 28, 1905, reaches the following conclusions:

1. Nasal disease is undoubtedly the cause of headaches in a certain percentage of cases, although it is doubtful whether it is possible for headache to be produced by any nasal condition which does not give rise to discharge, or to obstruction to normal nasal respiration.

2. In all cases of persistent headache, a careful examination



of the nose should be as much a routine practice as the examination of the urine, the teeth, and the eyes, since in some instances the nasal symptoms may be ignored by the patient, and a careful examination of the nose will be necessary to establish the diagnosis.

3. Suppuration in the accessory sinuses and marked nasal obstruction, constant or intermittent, should be thoroughly treated.

4. Small spurs, deviations, and hypertrophies not causing obstruction should be left alone, as no relief will be given from the headaches by treatment of these.

5. If the middle turbinate bones are enlarged and pressing upon the septum, especially upon the tubercle, and if all other possible causes of headache have been eliminated, partial removal of the hypertrophied bone should be advised, since in many such cases complete relief is given.

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## PERISCOPE.

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### **SUPERIORITY OF LIQUID MEDICINES OVER ALKALOIDS.**

Curation of disease is a problem which is constantly confronting the practitioner of medicine. Among the multitudinous duties of mankind there are none that are so complex as those which fall to the lot of the physician.

The mechanism of man is a wonderful network of complicated organs; all striving toward a common goal—the health and strength of its various tissues. While anatomy is essential to the understanding of the structure, physiology is no less important in aiding us to comprehend the action of its component parts. Physiology, then, plays a large part in the practice of the successful medical man.

It teaches us that all nutrition is supplied to the body through the medium of the blood; that this nutriment is conveyed to the blood, and the parts needing renewal, by means of endosmosis and exosmosis; that it is necessary for this nourishing pabulum to be in a liquid state before these exchanges can take place.

Experimentation has demonstrated that liquids are much more promptly absorbed than articles of a semi-fluid, or more compact nature. Hence the first point of the superiority of liquids over the alkaloids, is the fact that they are absorbed with greater rapidity, and thus their beneficent action is commenced more quickly.

The action of the liquids is more gentle, because, as a rule, they are less powerful than the alkaloids which are extracted, by means of chemical manipulation, from the various fluid preparations that yield the alkaloidal principles.

All who are familiar with the workings of nature know, and must admit, that the more gentle the process, the more lasting and complete is the result obtained. The constant dripping of water, drop by drop, will wear away the hardest substance over which violent measures, though more energetic in their onset, would utterly fail.

The soothing effect of liquid medication will aid materially in producing a more lasting relief, from those conditions which are the cause of the departure from the normal or healthy standard.

The liquid preparation—be it infusion, decoction, tincture or fluid extract—contains all of the plant constituents, and combines in Dame Nature's own way the various ingredients.

Plants yield their medicinal qualities to a varying proportion of water and alcohol. The practical pharmacist knows that the right proportions must be used in order to get a reliable and complete representation of the plant under treatment. Again, the plants must be used at different stages of their existence in order to obtain the most reliable results. Some must be used in the green state with all their juices; others should be partially dried and a part of their liquid substance allowed to evaporate, while still others must be in a completely dried condition.

Physicians understand very well that they get better results from the medicines of some manufactures than they do from those of others. They do not always stop to consider why this is so. It lies all in the process of manufacture. The practitioner who uses tinctures made from fluid extracts will be very apt to lose faith in medication, because of the poor results which he, many times, obtains. He charges the fault to the medicinal agent, when, in reality, the fault lies in the method of preparation. The blame should be laid at the door of the pharmacist.

The rapidity of the absorption of fluids, by the blood, will prevent the cumulative action which sometimes results from the use of the alkaloids. This is a factor which should not be forgotten. Many deaths could be properly charged to this mode of action in the alkaloids.

Many times the alkaloidal principle must be placed in a fluid vehicle in order to get the best results, as, for instance, the whole method of hypodermic medication. There is no question but that the hypodermic syringe has been a blessing to mankind.

But where is the practitioner who would like to treat his cases wholly with this instrument?

The alkaloids, when you have said the best you can in their favor, are, at best, only a part of the original plant. We are apt to term them the active principle of the plant. How are we to demonstrate this fact absolutely? Can it be demonstrated? I think not. Who would be rash enough to assert that all of the good of cinchona lies in the quinine, or that of nux vomica in the strychnine? And not only of these two, but also of the entire list of plants which, by means of manipulation, can be caused to give up their alkaloidal principles.

Those who are at all familiar with the early history of the Eclectic School of Medicine know how nearly it came to shipwreck because of the wild enthusiasm over the idea of alkaloidal medication. Fortunately the error was discovered early and the more rational and scientific method of using the entire plant was substituted.

Without doubt there are fewer therapeutic nihilists to-day among the Eclectic practitioners than any other school of medicine. It is due to the fact that they use almost exclusively the liquid medicines.

I do not wish to be understood that there is no place for the alkaloids in the medical practice, for I am willing to admit that there is. I do contend, however, that that place is very much smaller than many of its champions would have us believe.—P. E. Howes, in *Medical Brief*.

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#### THE BUSINESS SIDE OF A PHYSICIAN'S LIFE.

As to a physician's relations to his patients, the views are so widely different and the relevant subjects so numerous that any concise expression of opinion is out of the question, but after conversing with physicians and the laity on the subject, I have come to the conclusion that much misunderstanding frequently exists between the physician and his patient as to the proper relation the one bears to the other, sufficient in many cases to work to the detriment of the patients. Such questions as the following all have a bearing on the subject under discussion:

Should a physician go out, at night to treat a case in a family already owing him a large bill without any prospect of payment?

Should he treat a case recently involuntarily given up by another physician, when, in his opinion, the other physician has been unjustly discharged?

Should he adopt any of the measures commonly used by business men for the collection of his bills?

Should he undertake to treat at home, amid unfavorable surroundings, the cases which positively need hospital treatment in order to have any chance of recovery?

Should he regulate his charges according to the means of the family treated?

In fact, these have so much bearing on the subject that the last-named query has been frequently a subject of discussion in both the medical and lay press very recently. To decide the questions, the physician must either act as a physician or as a man, and his decision will be widely different, depending on which point of view he takes. While I know of cases where the purely human side has dominated, frequently to the physician's loss, yet I am sure that there are many where a purely medical side has decided the matter, not unfrequently to the patient's loss. The great question to my mind is: Cannot the two sides be so commingled diplomatically that, at least in a majority of cases, neither side is the material loser? And I have come to the conclusion that the solution of the problem lies in one thing, and that is the training of the patient by the physician, which I admit is more an art than a science. In many cases the properly trained patient can be induced to avoid allowing bills becoming too large, often obviate calling the doctor late at night, and not to become dissatisfied on slight provocation, and seek advice elsewhere on the spur of the moment, and I know of several prominent physicians in this city who can personally testify to the great advantages to be derived from what they term "The Training of the Patients." Particularly is this true in reference to the question of fees, and many of the controversies, especially such as have frequently become public on the question of charge, could be avoided, did the physician, in the first place, possess, and in the second, make more intelligent use of, a sufficient amount of business knowledge to practically as well as scientifically deal with the sick.

As to the second point, that of the physician's relations to the fellow-members of the profession and especially consultants, this again is a broad subject and one which is capable of much abuse. Did we but act and feel at all times toward our fellow-practitioners as we do toward our patients and were we always as anxious to retain the esteem of the former as the good will of the latter, I feel we should frequently be much more considerate in our expressions and more liberal in our views. In the same way as some of our poorest patients have proven to be our best

practice builders, some of the apparent unknown members of the profession have proven to be the stepping-stones to at least fortune, if not fame, of some of the leading members of the profession to-day.

It is, therefore, a matter for serious thought as to, 1, the time to ask for consultation; 2, who to ask for, and 3, what shall be done with the fee.

I personally feel entirely incompetent to express any weighty opinion on this subject, but if data obtained by conversation, correspondence and reading, plus a small amount of experience, count for anything, it certainly does enable me to express the opinion that the consultant's fee belongs to him and him alone. Here, again, arises the question as to the fee to be charged, and it does seem to me only justice that the consultants should be willing to consult for whatever fee the attending physician believes to be the maximum of the patient's ability to pay, and this once agreed on, should be looked on as the property of the consultant exclusively. A question not unfrequently asked, where this fee is not paid at time of the consultation, but is made to form part of the total bill for services rendered for that illness, is, should the attending physician pay the consultant in full out of the first moneys received, or divided out pro rata between the consultant and himself? And as much data as I have been able to collect on this subject, when boiled down yields a majority opinion in favor of the first proposition; *i. e.*, the full as well as prompt payment of the consultant. This seems only fair, when one considers that should nothing ever be paid for any of the services rendered, the attending physician would not feel under any obligation to personally pay the consultant, which I think is an additional reason why the latter should receive his fee out of the first payment made.

The third and last question, that of the physician's relation to himself, would probably be more carefully expressed if it was called "his duty to himself." The overworked, partly fed and half-rested physician cannot do justice to those entrusted to his care, nor is his zealous application to the relief of the suffering of others sufficiently understood to be appreciated by a large majority, especially of the suffering laity. The natural inborn selfishness of the human race, plus, as before mentioned, the lack of a proper training, added to more or less pain, not only obscures keen perception, but also benumbs the highest sensibilities of the rights of others sufficient to make very arduous if not well-nigh impossible the satisfactory filling of the duties of the medical practitioner of to-day. In brief, the conclusion from this third and last question is that the medical man of to-day should make himself more a living example of the fruits of preventive medicine, in order to better fit himself to practice the art of scientific medicine.—*H. B. Mills, M. D., in American Physician.*

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### THE ECLECTIC MEDICAL INSTITUTE.

The sixty-first year of the old Institute opened Monday, Sept. 18th, with a good enrollment of students.

When one stops to think what "sixty-one" signifies, he can just partially realize the immense amount of good work done by the College since its organization in 1845, and what an army 3,852 graduates constitute. Over 2,200 of our graduates are living and in active practice, each doing his share to promulgate the principles of Eclecticism.

The Eclectic Medical Institute stands for age and stability. It has an ample active *teaching* faculty, men of attainments and reputation in our ranks. The success of our graduates is proof of their ability to *teach* medicine—*Eclectic* medicine—thoroughly.

We have an excellent class of good students; we exact *thorough* work of them, and well educated and successful practitioners are the result.

SCUDDER.

### THE SETON HOSPITAL.

The College term has begun, and we want again to call the attention of our graduates to the Seton Hospital.

This well equipped institution is conducted by the Sisters of Charity, at 640 West Eighth street, and is closely affiliated with our College, and needs and should command the continued and hearty support of our physicians.

While most of the private as well as the clinical cases are surgical, good facilities are offered for all kinds of cases except con-

tagious ones. We particularly want chronic cases needing medical treatment, in order to be in a position to demonstrate the advantages of specific medication. Physicians frequently have chronic cases needing a change. Send them to the Seton Hospital, and place them under the charge of some one of our faculty. Arrangements can also be made for private cases of confinement.

We must all combine our efforts to increase the patronage of our Eclectic hospital to a point which will necessitate increased facilities and a larger building.

SCUDDER.

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### ALLOPATHIC ECLECTICISM.

An article appeared in a liberal old school journal not long since, by a well known allopathic physician, the language of which sounded mightily like an echo from the teachings of the late Professor John M. Scudder, whose voice and pen proclaimed the same sentiments over thirty years ago. The article referred to, preaches good old eclectic doctrine but no hint is given as to the source from which the sermon is derived. For instance: "We know that pneumonia may present itself as a sthenic inflammation with *full, strong, bounding pulse*, or it may occur as an asthenic, prostrated case with *feeble, thready pulse*, etc. Because both are pneumonia is no excuse for subjecting both to a similar treatment, is it? The name diagnosis gives us little if any assistance; in fact, it is usually a drawback, since it leads us to neglect the true duty, that of making a condition diagnosis, and on it basing our therapeutics."

Just so, but why not acknowledge the incomparable service rendered to mankind by Professor Scudder and others, by calling the thing by its right name, *Specific Diagnosis*, instead of "condition diagnosis?" It seems to be a bitter pill to the average man to acknowledge to another, a priority of thought and action. It seems to be the rule to deny a thing unless we have had a finger in the pie, and in the end steal the pie if the other fellow isn't watching.

Further along in this same article we find the following: "Make this a rule, never to give any medicine without a clear conception of what is the matter, and what the remedy will do; by what evidence you are going to see when it has done its work, and when to stop it. Use single remedies to fulfill single indications; group them as may be needed." Isn't that splendid Eclecticism? Dr. Scudder said in 1877: "*Do one thing at a time.*"

*Never give medicine unless you are positive it will relieve present discomfort and shorten the duration of disease."* It has taken thirty years for this liberal minded physician of the old school to come up with the procession, and who was a graduate in medicine since 1871. Let our prayer be, that more may follow his example, but giving credit where credit is due. It would be honest, however, in any one who takes up a claim to acknowledge that the claim had been worked before if the evidence is plainly before him.

A little further on the writer says: "I believe we are on the eve of a revival in therapeutics; that the craze of drug detraction has run its course. The surgeon is growing critical as to his work and begins to ask 'why operate?'" Let us remind the doctor that therapeutics has been having a revival for three-quarters of a century. During this time men have been proclaiming this revival from the house-tops. The mourners' bench was early set out and waiting this long while, and the shouting has been loud and long, but converts from the great school of medicine to which the doctor belongs have been few and the on-lookers have stoned the criers.

Again he says: "Many priceless advances have been made in therapeutics; these should be brought together and systematized." Might we ask the writer if he is not aware of the fact that therapeutics has been most beautifully systematized along the very line he suggests? If he does not he is decidedly lacking in knowledge. If he does and will not give credit where credit is due, he is not honest. In the same paragraph he continues: "When we comprehend what a wealth of resources we have for a really scientific system of therapeutics, there will be an end to the fashionable nihilism that has worked so disastrously for many years. This revival does not come from any great leaders in medicine, etc."

We must here take issue with him, for we are of the opinion that the revival has come, and is still here and progressing nicely, and it came from the greatest leaders in medicine. It is true, we may not have the same ideas as to the leaders of men, but if we read history aright the leaders in all avenues of thought have not been those who stand highest, so said—not the ones who have greatest reputation in their class. It seems to be a fact, that the leaders of men have been those who stood comparatively alone in their time; men at whom the finger of scorn was ever pointed by those who believed they occupied the top rail in the fence. It seems to us the real leaders of men gained



as a reward for their leadership, and during their lives the contumacy of mankind. Jesus Christ started a revival in secular as well as religious thought. As his reward he was maligned, spat upon, crucified and damned by those who believed or claimed they were the leaders of men. At a later date the religion of Christ was *systematized*. It seems to us the leaders of men may be likened to the fugitive hastening in advance of the mob which runs and cries, crucify him. Having, in their mad haste, become lost in the maze, they grope about and finally adopt the very things they once condemned in the victim they sought to slay.

Therefore, we say, give the devil his due and to every man that which by right belongs to him. STEPHENS.

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### EUONYMUS.

*Euonymus Atropurpureus* is a native of the United States. It is found from Canada to Florida and westward. It belongs to the Natural Order of Calastrinaceae, of which about seven varieties are found in this country; two only, so far as is known, possessing medicinal properties. It is commonly known as wahoo; other domestic names are, Indian arrow-wood, burning-bush or spindle tree. The bark of the root is the part used.

The medicinal properties ascribed to it are: laxative, alterative, diuretic, expectorant, tonic, antiperiodic, cholagogue, and in large doses, cathartic. Its tonic, antiperiodic and laxative properties are in our mind due to its cholagogue effects. That it possesses such properties are well known not only to the profession, but to the laity as well.

Years ago, it was very commonly used in domestic practice in the form of a decoction for chronic ague and troubles of the liver, or so-called biliousness, attended by constipation, jaundiced skin, general malaise, loss of appetite and of flesh. Often it proved successful, when quinine had utterly failed. It not only stopped the chills but served as a tonic or restorative as well.

It is in just such conditions that authors describe it as useful. For instance, one says: "It is useful in intermittent fever, dyspepsia, torpid liver, constipation, dropsy and pulmonary affections. It is specifically indicated in prostration with irritation of the nerve centers, in periodic diseases to supplement the action of quinine; anorexia, indigestion and constipation, when due to hepatic torpor."

Its cholagogue and antiperiodic properties are recognized by all. We are inclined to believe as we said before, that whatever other virtues it possesses are primarily due to these.

Its specific uses and indications are given thus: Indigestion with biliousness, constipation, torpid liver, soft and flabby muscles. Chronic intermittents with the characteristic cachexia, and where the spleen is enlarged. Constipation when the stools are hard and lumpy, the tongue having a yellowish coat. Vague pains in the back, loins, hepatic and splenic regions. In convalescence from severe malarial affections, when there is enlargement and torpidity of the liver, it seems to increase or assist the action of chionanthus and quinine. Dose: Sp. Med. Euonymus, 5 to 30 minims.

MUNDY.

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### "A LITTLE WATER."

Our editorial of September, "A Little Water," leads naturally to this article, which concerns "A Little Sugar."

Among the reasons that help to account for the success of the modern eclectic physician, is the fact that his remedies are not only acceptable to the palate and the eye, but they are also very effective. Whilst the members of the dominant school were struggling in the intricacies of plant dirt and drug impurities that accompanied the black and viscid fluid extracts of commerce, the eclectic physician, by one bold stroke, largely freed himself from the weight mentioned,\* thus both protecting his patients from the nastiness referred to, and serving his cause by turning from the crudities of the past, and grasping an improved present.

It is not with the intention of criticising any one involved in those times and conditions that we write, for well do we know that we of eclecticism were involved, all of us, perhaps more deeply, in some directions, than the dominant school. Our complex syrups, compound fluid extracts, treacle mixtures, and such like of the elder time, were often marvels of distasteful complexity. It was a necessary revolution in eclecticism that, in the face of such conditions, led to a discriminative electing of a better medication, and the displacing of the poorer one.

Let us reflect. In those days, it was not unusual for the physician to prescribe a pound of a drug to be made into a decoction.

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\* In some instances, coloring of a drug is so intimately connected with its therapeutic qualities as to be inseparable without injuring the preparation. This applies to many drugs that yield colorless alkaloids and glucosides.

tion, accompanied by a gallon of complex syrup of this or that mixture of drugs. We have filled numbers of prescriptions for our old friend, Professor John King, before the day that he changed his methods, in which a two gallon jug of a compound syrup was a part only of the medication of the patient. We have vividly before us as we write, the barrels of syrup and sweetened mixtures that were made and sold to those who prescribed them in heroic quantities, for the sake of getting the little medicine they contained. Then it was that from a teaspoonful to a tablespoonful of a mawkish syrup would be given to the sick, for the sake of administering a few drops of a remedy, that in itself would neither have been unpleasant or expensive. Marvellous, is it not, that until Dr. Scudder and Dr. King and a few others of the eclectic school grasped the problem and comprehended the situation, such should have been the prevailing method of medication even in the eclectic school.\*

But all this is now changed. It was finally discovered by reflecting physicians that sugar is, as a rule, distasteful to the sick. A tablespoonful of molasses is a sickening dose for a well man, regardless of the added medication. In the face of such as this, Dr. John M. Scudder made his point by advocating the use of effective doses of concentrated remedies, administered in "A Little Water," and free from the prevailing load of sugar and molassas and glycerin and such. There was a resistance, naturally. Methods engrafted from the past are not easily relinquished. Some people thought that a medicine to be effective must be bulky. Patients there were who believed that in the monstrous dose of molasses and syrup, resided the efficacy of the remedy. And even now, there are people who affect to believe that a remedy to be effective must be bulky and sweet, or otherwise disagreeable. But these people are now in a great minority, thanks, largely, to the eclectic profession, that for a quarter of a century has taught that sugar is distasteful to the palate of the sick, even "a little sugar" being as a rule a mighty unpleasantness and often harmful.

Do not sweeten the water in which a remedy is administered, if you wish to help the patient to get the fullest effect of the remedy. To sweeten a liquid is to induce its fermentation, and to induce fermentation, is to injure its qualities. If one wishes to render it a little more palatable, a thin slice of lemon dropped into the half glass of water, and after a few minutes removed,

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\* There were good reasons for the complex mixtures of early Eclecticism.

will accomplish more than any amount of sugar, be it great or little.

Besides, there is an antagonism between sugar and some remedies, even some that one would least expect to be disturbed by the sugar. But this phase of the subject is sufficient for a separate editorial.

LLOYD.

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## STUDYING.

As the schools are practically all in session, the subject of studying to the best advantage, both as regards the assimilation of what is studied, and also the economic use of time, is a consideration. The student that readily comprehends the subject matter has an advantage over the one who laboriously passes over the lesson without even a hazy idea of what is being read, or of the meaning of the subject. This applies to all branches of education, but it applies very forcibly in the study of medicine. It is not, nor will it ever be, studying, to simply memorize the lesson given, and be able in quiz to answer the question asked, as a phonograph reproduces what has been recorded on the record. Something more is necessary. Monkeys are imitative, parrots repeat what they have been taught, but the reasoning power of either is not of a high order.

The first essential for a student is a dictionary; the medical student should have two standard works, one general, the other medical. These should be easy of access to the study table, and not put away, carefully wrapped in protective coverings and enclosed in a glass case. Such an idea of the value of a dictionary is erroneous. It may seem like a waste of time to stop and hunt up the meaning and pronunciation of a word, but eventually such time is profitably spent. There is a peculiarity about the majority of words; few of them simply represent a sound only, but it is often a startling revelation to find that a word has a distinctive meaning. Of course there are many who do not need a dictionary for either definitions or pronunciation; they have a secret code of their own, and because others do not comprehend this code it is their own fault. Of course the reading of a dictionary is not as exciting as some of the popular novels of the day, and as Mark Twain has said, the author changes the subject so often one loses interest in the characters. After all a few minutes a day devoted to reading a dictionary, will often increase a person's erudition, and at the same time not infrequently diminish his self esteem. Of what value is it to any one to read about erythema and not know what the word means?

Use your dictionaries; but as it is a characteristic of dictionaries that their method of spelling differs from our ideas at times, and we may be unable to find the word we are looking for, we should exercise charity for the ignorance of the authors, and see whether the word cannot be found under a wrong (?) spelling. All standard dictionaries spell inflammation with two m's, but a "safe bet" would be they are wrong, as the majority of people spell the word with one m. Of course this makes it difficult at times to find the word we are looking for, but if we look carefully at the word in the book we are studying, we will usually find the author has made the same mistake that is made by the dictionary(?)

When is the best time to study? One might as well ask an even hundred men the finest type of beauty in a woman, and expect to get uniform answers. Some can study to better advantage in the early morning hours; some during the middle of the day; others in the afternoon, and some by burning the midnight oil, gas or electricity. Some persons think best after a sleep, while others have to get the brain cells in good working order before the best work is done. Study at such times as the subject matter is clearest. It is no credit to say you have put in five hours studying a lesson you should have mastered in an hour. It is a confession you did not know what you were studying.

The brain is a complex organism, and needs variety. The cells become fatigued, and when overworked do not respond to the stimuli necessary for permanent impression. Everything is vague, misty or foggy, and when such cerebral conditions are present, it is far better to stop mental work and divert the mind in other channels.

Long continued study on one subject is detrimental to good work. A half hour on a certain topic, the mind not wandering into the realms of visionary ideals, is far better than three hours with "castles in Spain" as a predominating feature. Imaginary grievances, such as the idea that your teacher "has it in for you," is a bar to successful study. The student who honestly strives to do the best possible, will always receive due consideration from the teacher, but the "smart Aleck" is pretty sure of trouble, because there is a peculiar inherent quality in the *genus homo* that is intolerant of impudence.

A certain amount of exercise in the open air is conducive to good study. Sedentary habits lead to inactive brain action, and this inactivity is responsible for much of the poor work done

during the school session. It is not advisable to try and study for some little time after eating heartily. If the stomach is full of the usual ingredients of the average meal, the brain is not in a condition to work, but if compelled to do so, it is depriving the stomach of not only nerve stimuli, but also of blood necessary for digestion. Eventually dyspeptic symptoms predominate, and it is practically impossible for the student to do satisfactory work. Common sense, apparently often a lacking quantity, is necessary to get the best results from study. FOLTZ.

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### THE YOUNG OLD MAN.

He is getting more numerous, Osler to the contrary notwithstanding. We hear much creaking about the effects of the strenuous life of these days, how it wrecks the nervous system and shortens life, etc. It is a popular and professional conviction that there are more neurasthenics now than there ever were before. Of course there are more of them because there are more people, but the ratio of this more to the more related to non-neurasthenics, is less than it ever was before. It is the habit of every era to decry its present, to compare itself disparagingly with past eras with reference to domestic peculiarities and the like. Distance in time dulls memory and "lends enchantment to the view." It throws a deceptively beautiful glamor about the "good old times." It does this even within the span of a single life. We forget the anguishes of youth which, trivial as they were in themselves, were as great to us then as our troubles are to us in our maturity. So we minify the present in its idealistic and hedonic relation to the past. The present time is always a "hard time."

This habit extends itself inclusively to questions of health, longevity, etc. We forget that no longer than one hundred years ago, a man, in the every-day sense, was very elderly at forty, and positively old at fifty. The great men of that time had reached their zenith at the age of thirty or thereabout. Think of Napoleon, Wellington, Pitt, Murat, Marceau, Mirabeau, Keats, Shelby, Burns and scores of others. As Napoleon himself said: "We never had time to be young." They were old men at forty and their lives were finished before fifty. Compare the achieving period of the past with that of the present. It is double what it used to be. They had only middle age and old age; we have youth, middle and old age. The man who in these days achieves eminence within thirty years from his birth

is not completely expressed and finished as was mainly the case in "the good old times." The world keeps hearing from him till he is in the seventies or eighties. Recall Gladstone, Bismarck, Molka, Victoria, William I., Pope Leo XIII., and very many others. Think of the present-day notables—all of them above thirty, and most of them beyond sixty. The longevity of man is increasing and his power of achievement grows evenly greater.

COOPER.

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### EUPATORIUM.

*Eupatorium perfoliatum*, so named from the apparent piercing of the leaves by the stem, is a native of the United States and Canada. It belongs to the *compositæ*. Its common names are: thorough-wort, boneset, Indian sage, ague-weed, and Beach bestows upon it, the name, vegetable antimony.

The parts used are the leaves and flowering tops. Its remedial properties are, tonic, diaphoretic, emetic, cathartic and antiperiodic; these several actions depending upon the dose and manner of administration. The cold infusion in small doses is a simple bitter tonic; given warm and in larger doses it is a diaphoretic and antiperiodic; in still larger doses, an emetic and cathartic. The tincture is also a digestive tonic and antiperiodic. The latter action was formerly very highly esteemed in domestic practice.

Hale claims that its sphere of action is upon the gastro-hepatic system, muscular or fibrous tissues, and upon the bronchial mucous membrane. It has been most commonly employed in intermittent and remittent fevers, on account of its diaphoretic and antiperiodic action. It was formerly a favorite domestic remedy in these diseases, and its remedial action seemed most marked and pronounced in chronic, or possibly, more properly speaking, obstinate cases, when the patients were anemic, digestion and appetite poor and skin yellow. It was a commonly used domestic remedy in my boyhood days. It is of value in the so-called bilious remittent fever, also gastric or bilious rheumatic fever, when the characteristic symptom is the aching of the bones, soreness of the muscles, vomiting and anorexia.

Eckermeyer in the *National Transactions* for 1900-01, p. 70, gives the indications for this remedy thusly: "Aching of the bones, bones pain as if they would break, great soreness of the entire body, throbbing pain in the head, soreness of the eyeballs, severe aching of the orbits, sneezing, hoarseness, soreness of the larynx, violent hacking cough, aggravated in the evening, sore-

ness and rawness in the bronchi, grating sensation in the chest on inspiration, oppressed breathing." To these, may be added, full pulse, hot skin, with a tendency to become moist during the hyperexia.

From the above indications, it will be noted it is also of value in catarrhal affections, whether of nasal, bronchial or gastric origin. Dose: One to sixty drops of *sp. eupatorium*.

MUNDY.

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### DANGER SIGNALS.

With most organic diseases or pathological lesions certain prodromal manifestations or precursory features are to some extent in evidence long before general symptoms, and which will stand as danger signals, and enable the physician, if apprized sufficiently early, to anticipate approaching trouble and serious consequences long before the disease becomes seated, its severity established, or the prognosis hopeless.

Such is especially the nature of malignant diseases of the uterus. These early manifestations should be noted by the patient, and communicated at once to the physician, who should recognize them as warning, and thus fortify and prepare himself to assail, in its incipency, what, if left alone, promises to develop a serious lesion. A large per cent. of the cases of malignant disease of the uterus occur between the ages of 40 and 50. One of the warnings that will usually appear first of all is the appearance of blood. In the beginning, or when first observed, there will be, as a rule, but a slight showing, sometimes barely a stain, which to the woman is often insignificant. The discharge of blood, however, after the menopause, or in fact at times other than the menstrual periods, should be regarded with suspicion, and prompt an immediate and searching examination. After a little time, if cancer exists, these bleedings gradually increase until there will be well defined hemorrhages.

Another signal of danger that should never be overlooked, is the sharp cutting pain in the region of the uterus or vagina; at first only an occasional severe pain, later quite frequent, and finally almost constant suffering. Next there will be a gradually increasing leucorrhœal discharge, which later on, as the disease becomes seated and progresses, becomes offensive. This occurs in carcinoma after disintegration and ulceration begin, putrefaction of the broken-down tissue producing the odor. Later on the cachexia will aid in confirming one's suspicion of carcinoma.



Such are the early warnings and later symptoms of carcinoma uteri.

The early warnings or signs of sarcoma of the uterus are quite similar in most respects, the later symptoms becoming more characteristic as the diseases become located or circumscribed.

A danger signal or warning that may be observed very early, and is a usual precursor of sarcoma, is the watery discharge from the vagina. It is sometimes mistaken for an involuntary flow of urine, and continues in increased quantities. The uterine headache, or pain on top of the head, is usually present, as in most other troubles of the uterus. Various other symptoms are present and follow in cancer of the uterus. We desire, however, to simply call attention to these early evidences, first signs, sparks of a smoldering fire, as it were. Forewarned is to be forearmed, and the indicated treatment given with the first evidence of danger may prevent the onset of the disease, or if evidence of its continued development follow, will enable one to apply the radical treatment—hysterectomy—in time to eradicate the trouble, and render a hopeful prognosis. WINTERMUTE.

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#### PAINLESS RHEUMATISM.

That is the name I have adopted for it. As many as a dozen times in my life, I have been consulted about a condition which, so far as I know, is not nosologically recognized. I have three such cases on hand now, my own wife being one of them. The *only* manifestation in these cases is *swelling*. This may occur on any part of the body but is most frequently seen in the extremities. It is not œdema; it is not inflammation; it is not a skin disease; it is free of abnormal heat, and it is entirely painless. It is just swelling—nothing more, nothing less. It has this peculiarity. It always occurs in rheumatic people, and seems to be caused by such exposures as precipitate rheumatism. That is why I have called it painless rheumatism, and that is why I apply to these cases anti-rheumatic treatment. Brethren, have any of you had such cases? Is the subject treated in any medical work?

COOPER.

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## BOOK NOTICES.

**Arizona Sketches.** By Joseph A. Munk, M. D. 230 pages, cloth. Price, \$2.00 net. Published by the Grafton Press, New York.

This book is not written by a man whose knowledge consists merely of impressions gained while passing through the country described, or a momentary touch with the scenes depicted. Nor is it a superficial transcription made by a momentary observer. Upon the contrary, the story of Arizona, as recorded by Dr. Joseph A. Munk, under the title "Arizona Sketches," is the record of an expert, a large share of whose life has been spent among the scenes depicted, and that, too, observingly spent, for be it known some persons could pass with closed eyes amid the wonderful pictures that nature has drawn where rest the painted deserts, the glistening sands, the magnificent canons, and the grand mountain chains of the land Dr. Munk has described.

This reviewer recollects with pleasure the visit that he had with Dr. Munk three or more years ago, and remembers with no less pleasure the stories of adventure and of description, the incidents of fact told him by Dr. Munk concerning the marvelous Arizona land where each year, for the past quarter of a century Dr. Munk has spent a large share of his time. Be it known in addition to what Dr. Munk has seen, that he possesses one of the most complete libraries in existence concerning the western land, and has probably at his command every book that has been written by a western author. And these books have been read and studied, and the wealth derived therefrom has been added to the facts that Dr. Munk has gained by his personal life in the country described.

But to the book. It is bountifully and beautifully illustrated with photographs depicting life on the desert, life in the mountains and the canons, the cowboy on the trail, the Moqui Indians in their snake dance, the priests performing their incantations, the Moqui girls sprinkling the sacred meal, the cactus and the

mosquito, the ruins of the extinct cliff-dwellers, the petrified forests, ancient relics of a forgotten people, and newly built homes of a modern day. In fact, so prolifically illustrated is this book, that the man who has traveled that country over finds in the turning of its pages a story of the marvels that he has seen but perhaps has not comprehended as he is led to comprehend it when, in connection with the illustrations that stand before him with the turning of each leaf, he reads this book of Dr. Munk.

"Arizona Sketches" is a book of 230 pages, neatly bound, with the finest of glazed paper, and the neatest of print. The story is not altogether confined to Arizona, but includes also portions of California and Mexico, and the Colorado desert, with the Gila and the Colorado rivers. Indeed, it embraces, in general, the desert and the mountain scenes of the far South-west.

This reviewer acknowledges his inability to describe as he would like to do, that which the responsive reader will catch when he becomes involved in the delightful work with which Dr. Munk has favored his people.

Take the reviewer's word for it. "Arizona Sketches" should be in the hands of every person proposing to visit the West, of every traveler who has visited the West, and surely it should be on the shelves of every intellectual man and woman who lives in or is concerned in the great West.

LLOYD.

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**A Text-Book of Medical Chemistry and Toxicology.** By J. W. Holland, M. D. Octavo, 600 pages, illustrated. Cloth, \$3 00 net. Philadelphia: W. B. Saunders & Co.

The author of this work possesses the enviable faculty of making even the most difficult and complicated chemical theories and formulæ easy and clear. This is due to his years of practical experience in teaching chemistry and medicine. In every line the book is practical, the author not losing sight of the fact that it is intended for the student and practitioner. Chemical substances are treated from the standpoint of the student and practitioner. Much more space is devoted to toxicology than is given in any other text-book on chemistry. For this the profession should be especially grateful, as the subject is thoroughly practical. The clinical chemistry of milk, the gastric contents, urine, water supply and filtration, have received especial attention. We trust that this work will receive the support from the profession that it deserves.

C. G. S.

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**A Text-Book of the Practice of Medicine.** By J. M. Anders, M. D. Seventh edition, revised and enlarged. 1297 pages, 8vo. fully illustrated. Philadelphia: W. B. Saunders & Co. Cloth. Price, \$5.50 net.

A sale of over 22,000 copies and the attainment of a seventh edition seems sufficient recommendation for any book; in fact, Anders' Practice does not now need any recommendation—it is too well known. As in the former editions, particular attention is bestowed upon inductive diagnosis, differential diagnosis, and

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treatment. Regarding differential diagnosis, we notice with much satisfaction that the many diagnostic tables of simulating diseases have been retained. The clinical value of these points of distinction is beyond cavil. Numerous new subjects have been introduced, among which are: Rocky Mountain Spotted Fever, Examination of patients for Diagnosis of Diseases of the Stomach, Cammidge's Test for Glycerose in the Urine, Splanchnoptosis, and Myasthenia Gravis. Certain other individual affections have been entirely rewritten, and important additions have been made to the diseases which prevail principally in tropical and subtropical regions. We have previously reviewed several earlier editions of this book in our columns.

J. K. S.

**Arnell's Epitome of Clinical Diagnosis and Urinalysis.** A Manual for Students and Practitioners. By J. R. Arnell, M. D. 12mo, 244 pages, with 79 engravings. Cloth, \$1.00 net. Lea Brothers & Co., publishers, Philadelphia.

This little work is a fit companion to the others of this series. It is of the uniform size of the rest of the series. It is up to date, excellent, trustworthy, and well adapted to the wants of students and those preparing for examination either in college or by State Board. This is a practical book, the author not losing sight of the fact that it is intended for the student of medicine and the busy practitioner. Illustrations are used whenever necessary. This little volume contains a vast amount of up-to-date information on laboratory investigation and clinical diagnosis.

C. G. S.

**Preventive Medicine.** Including a Disquisition on Therapeutical Philosophy, which is followed by a section on the practical application of the principles taught.

This is the title of a new book by Dr. Cooper. It will be ready about November 1st. It is needless to assure our readers that this book will be unique in the true sense of that much abused word. Price \$1.00, postpaid. Address The Scudder Brothers Co., 1009 Plum st., Cincinnati, or the author, Dr. W. C. Cooper, Cleves, O.

## COLLEGE AND SOCIETY NOTICES.

DR. J. P. HARBERT, Secretary Ohio State Eclectic Medical Association, has just issued a bulletin with announcements concerning the forty-second annual meeting, which is to be held at Columbus, May 1, 2 and 3, 1906. The Executive Committee held a very interesting meeting on September 5th, and devised several plans for making the next meeting a successful one. Section officers were appointed and a committee to act conjointly with a similar committee of arrangements of the National for its next annual meeting to be held at Put-in-Bay the last of June.

The fiftieth semi-annual meeting of the Connecticut Eclectic Medical Association will be held at the Allyn House, Hartford, on Tuesday, October 10, 1905. Dr. Geo. A. Faber, Sec'y, Waterbury.



**T. A. E. Notes.**

Summer is past, our vacation is ended, and ere these notes go to press the E. M. I boys will have begun their work again. Let every Greek "put his best foot foremost," that we may make our Fraternity better this year than ever before.

Brother E. R. Gamble, M. D., class of 1905, has located at Maringo, O. The doctor has been there but a short time, and says he is doing a fair business.

Brother P. R. Bennett, M. D., class of 1905, is with his father at Farmersburg, Ind. He has a fine practice.

Brother F. W. Vance, M. D., class of 1905, has a good practice at Mannington, W. Va. Dr. and Mrs. Vance are very proud of their daughter, born Aug. 24.

Brother C. J. Otto, M. D., class of 1905, has located in East Dayton, O. We wish him success.

The Chronicler urges that many more of the T. A. E. boys, not only of last year's class, but of former classes as well, write to him. We would like to hear from you all. Why not? Address

D. E. BRONSON, M. D., Ireland, W. va.

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## PERSONALS.

DIED at Circleville, O., September 18th, Dr. John C. Russ, E. M. I. 1882. Dr. Russ practiced medicine at Ashville for several years, and later at Circleville. He leaves a widow but no children. He was a member of the Lutheran Church.

DIED, at Clinton, Ill., September 5th, Dr. G. W. Hyde. Dr. Hyde was born in England in 1829, coming to the United States in 1857. He graduated from the E. M. Institute in 1876. He leaves a wife and three children. His location would be a good one for a young Eclectic, and particulars can be obtained by addressing his son, Dr. A. W. Hyde, Brookings, S. Dak.

LOCATION.—Good country location in Illinois. No opposition. Will sell or rent house. Am removing to a larger place. For particulars address Dr. I., lock box 5, German Valley, Ill.

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## READING NOTICES.



### "We Cannot be too often Reminded."

In treating diseases of women, particularly those due to menstrual irregularities, Hayden's Viburnum Compound enjoys an enviable reputation. Young girls arriving at womanhood are relieved of many of those agonizing sensations incidental to this critical period by the administration of "H. V. C." In painful or delayed menstruation it affords relief, and the genuine "H. V. C." can be prescribed with an assurance of satisfactory results.

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OUR Diphtheria Antitoxin represents the latest and best methods of serum manufacture. Every precaution available to bacteriological science is taken to insure its purity and reliability. The horses used in its production are subjected to every known test to establish their perfect health. The diphtheria toxin is injected into them, and the antitoxic blood withdrawn, under the strictest antiseptic and aseptic regulations.

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It will be found that antikamnia in combination with codeia will give a most prompt and satisfactory response in relieving all the array of symptoms so distressing, and usually so obstinate as to defy all ordinary therapeutical interference. The best method is to administer one Antikamnia and Codeine Tablet (antikamnia gr.  $4\frac{1}{4}$ , codeine gr.  $\frac{1}{4}$ ) every fifteen minutes to a half hour until three are taken, then widen the interval to one and a half to two hours, according to the urgency of the symptoms. Under this treatment the circulation will modify, the cardiac pains subside, the tremor, anxiety and morbid vigilance will give way to rest, quiet, calm and peaceful sleep. The nausea and vomiting, together with the irritable coughs which so frequently characterize these cases, will all disappear.

**Modern Therapeutics and Pharmacy.**

Frederick Hadra, M. D., speaking of ethical proprietaries, in the Texas Medical Journal, says: "I should be sorry, indeed, if the prejudices of any member of this society should so far overcome his better judgment as to banish all or most of these drugs from his practice without investigating their merits. So if we desire a local antiphlogistic effect, and have to choose between the ancient, unsightly, unhygienic and troublesome flax-seed poultice and the newer proprietary article called Antiphlogistine, a physician must needs be prejudiced, indeed, who will prefer the former. It may be a matter of theoretical indifference what preparation we prescribe, but it may be quite a different matter with the patient who has to use it for long periods."

As regards the refilling by druggists of prescriptions of proprietary remedies, he says; "If I am called to treat a sprain of the ankle, and find it necessary to order an antiphlogistic application, it would be just as easy for the patient to send to his druggist daily for more flax-seed meal or iodine, as it would be for him to order more cans of the more clearly proprietary preparation, Antiphlogistine. A tonic or cough medicine, quinine mixture or capsule would share the same fate whether proprietary or extemporaneous."

"If the intelligent use of the drugs mentioned is not injurious per se, why should we protect the laity against their use any more than against the employment of any other drugs? Would the committee advocate the abandonment of calomel, castor oil, mag. sulph., quinine, flax-seed meal, paregoric, laudanum, or carbolic acid, because the laity can also go to the drug store and purchase these just as they can Cascara preparations, Phenacetine, Listerine, Antiphlogistine, etc.?"

**SENG.**—The existing prejudice against ginseng is due to the fallacious claims made for it by the Chinese. However, if one will judge by false claims only, and never see the good in a drug, he will find his materia medica greatly curtailed. When the practical application of a drug demonstrates its usefulness, not in one case only, but in many cases, as Seng has done for me, I am ready to subscribe to its therapeutic value, notwithstanding prejudice. Theory or prejudice has never yet cured a patient. In my experience Seng stimulates all secretory glands, and after cleansing with necessary eliminants, it will render the alimentary tract physiological. In the treatment of digestive derangements, whether primary or symptomatic, I find that in connection with a rational diet and indicated correctives, Seng will stimulate gastric secretion. In anemia and chlorosis, where the motor functions of the stomach are not disturbed, yet there is a decrease in secretion of gastric juices, it is of the greatest value as collateral treatment.

J. J. HOFFMAN, M. D., St. Louis, Mo.

#### **Utero-Ovarian Diseases.**

Dr. R. C. Brannon, formerly physician in charge of Van Dyke Court Sanitarium, Atlanta, Ga., and specialist in diseases of women, says: "Ung. Antiseptic Comp., prepared by the Physicians' Pharmacal Company, I have used as a local treatment applied with absorbent cotton in all acute and chronic uterine or ovarian diseases. After having to curette, I invariably swab out the uterus with carbolic acid and iodine; also paint the entire vault of the vagina over the broad ligaments with iodinated phenol, and then apply the Antiseptic Comp., bringing it well in apposition with the inflamed surfaces. I have also learned by many happy experiences how good this remedy is in pelvic peritonitis and prolapsus uteri as an external application when applied warm to the abdomen by inunction for its anodyne effects and antiphlogistic properties. I use it constantly for any and all painful and inflamed conditions, whether it be cellulitis, pneumonia, or ulcerated sore throat. It should be applied as warm as can be borne by the patient, and frequently renewed as it gets cold. It not only relieves the pain but clears up the congestion, separates the sloughs in gangrenous conditions, and brings about healthy granulation and healing.

^ Battle & Co., St. Louis, have just issued the seventh of their series of twelve illustrations on intestinal parasites, which they would be glad to send free to any of our readers on application.

I have been an extensive prescriber of Sanmetto in cases of prostatitis, cystitis, gonorrhea, and general urinary irritations, and look upon it as one of the surest remedies in that class of troubles I have ever seen. I shall continue to use it where indicated.

A. R. MOIST, M. D., Dayton, O.

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of impaired health characterized  
by a tendency to general  
exhaustion, the patient who takes

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regularly will eat more,  
sleep better, be less nervous,  
have more strength, be less dragged out

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Some articles are re-written, others cut out and replaced by more important ones, and about 42 Remedies are added which are not in the original editions.

Besides all this, every new observation or approved fact concerning any of the remedies of the book is added, thus bringing the book up to the 1st day of April, 1905. Fifth edition.

The Index is rewritten, and entirely reset in different type.

The book contains about 130 pages more than the first editions, and sells for the same price—\$5.00 cloth, sheep \$6 00

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Obviates frequently the necessity of surgical intervention. It is the remedy par excellence for causing resorption of plastic lymph, thus breaking up old dense adhesions and reducing hypertrophic conditions. Overcomes painful and disagreeable symptoms during pregnancy, prevents abortion, and shortens labor at confinement.

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induced by defective nutrition—the result of a chronic digestive weakness, the first thing to do, of course, is to overcome the digestive trouble.

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## **ORIGINAL COMMUNICATIONS.**

### **NOT UNCOMMON CAUSE OF DISEASE AND DEATH.**

**By Alexander Wilder, M. D., Newark, N. J.**

A man in New Orleans recently asked a physician to tell him where in the abdomen the premonitory symptoms of appendicitis are felt. The doctor pointed to a spot on the left side, a little above the point of the hip-bone. The next day he was called to the St. Charles Hotel. He found the man there writhing with pain, his forehead beaded with sweat, and every appearance of intense suffering. Groaning with agony, the man exclaimed:

"I have an attack of appendicitis. I feel as if somebody held a knife in me. I am a dead man. I can never survive an operation."

The doctor asked where he felt the pain. He placed his hand on the left side, at the spot which had been indicated to him the day before.

"It can not be appendicitis," the doctor declared. "That is the wrong side."

"You told me yesterday," said the man angrily, "that the appendix was on the left side."

"I must have been absent-minded," remarked the doctor. He then administered a palliative and reassured the man of safety. The man soon recovered confidence, and was able to rise and eat his dinner, thoroughly recovered. Yet he had been in violent pain and liable to a fatal result.

There were two direct causes of his trouble, and we can hardly call either of them imaginary, as we commonly use that term.

The blood is always likely to accumulate to a disproportionate extent at any part of the body upon which the attention is intently fixed. This excess is generally pretty sure to induce pain at the spot, and not seldom an actual morbid condition. John Hunter, the Nestor of our modern surgery, himself a philosopher as well as an investigator, entertained, nevertheless, unfavorable prepossessions toward Mesmerism, then but recently exploited. He was persuaded, somehow, to submit himself to experimentation and to consent to undergo the manipulation. At the same time he determined to keep off the peculiar influence. Instead of attending to the operator and his procedure, he fixed his attention resolutely upon one of his own feet. He succeeded in checking the peculiar influence, but the result was a sharp pain in his foot.

This something which we call "imagination" is a very important factor in every department of human activity. It is, as the term technically signifies, the image-maker, the former of ideals, the designer. It is the faculty which exalts human beings above the whole animal kingdom. We must regard it with high respect, owing to it, as we do, all that we have become, and all that we may ever hope to become, in the arena of achievement. When the serpent told the woman that by eating of the Tree of Knowledge human beings would become intelligent, and be as gods, the narrative informs us that it was the truth. From a stagnant adolescence there was a merging into a new career, with its varied activities.

The physician, however, is required, often unfortunately, to survey every subject on the darker side. In his attempts to solve the mysterious problems of the imagination, the purpose chiefly is to ascertain the mischief that occurs through its agency. He has examples enough, we all know. He is liable to find a morbid imagination at work when he meets with a new patient. It has been usual for long years to set down many of the complaints of women as caused by vapors, hysterics, and various unknowable disturbances. It would be just, also, to accredit masculine patients with similar disorders. Such old words as spleen and hypochondria suggest much, but they do not cover sufficient ground. For instance, many a man, when he reads a medical advertisement, will quickly begin to think that he is afflicted with the very disorders which the particular medicine is described as curing. This fact is so well understood that the citing of examples is superfluous. Physicians often find it necessary, whether they believe in the necessity or not, to prescribe medicines that will make their operation felt; others, more sagacious, or having their patrons

better in hand, simply make use of placebos, and endeavor to dislodge the concept of disease from the individual's mind. Every one has his own methods in these cases; and singular as it may seem, the methods and procedures by which one practitioner will succeed, will often prove ineffective when employed by another.

If I may torture the language of the Apostle Paul to illustrate this matter, I will here remark that remedial treatment is a righteousness which is to be imparted "from faith to faith." To speak a little plainer, it proceeds from the confidence which the physician has in the efficacy of what he is doing, to the confidence and trust which the patient may have in him and his procedure. Many a physician has been dismissed with disapproval when doing his best, because there was not this sharing of a common imagination and a common faith between him and the patient.

An example of suffering which is excited by the concentrating of the thought is frequently presented by toothache. While the sufferer is engaged about business and his attention is diverted, the offending tooth will give little trouble, if any at all. But when work is over, and more especially when the person has gone to bed, the thought recurs to the subject, the twinges of pain take on renewed energy, and keep up their entertainment for long hours.

Likewise, when there prevails an epidemic, whatever the cause of the visitation may be, the number of those that sicken and die is often largely swelled by alarm and disordered imagination. Diseases, as they are generally classified, are effects of a two-fold cause, one of which is subjective with the individual, and the other is introduced from without. If, therefore, an individual will maintain his body in sound condition, he has no need to protect himself from contagion or infective invasion. Like the goose and the duck, he will shed off all such things.

In 1832 the Asiatic Cholera appeared the first time in the United States. It was introduced by way of Canada; next showing itself at Albany, and extending by the Erie Canal westward and the Hudson River southward. There were not railroads then to transport the morbid agent or its victims in other ways. A business man in Utica brooded over the subject, and arranged his affairs in order to leave when cholera appeared there. He was the first to have cholera and to die with it.

The pestilence also gathered in its harvest in the city of New York. It is unnecessary to say that there was general alarm. New York then hardly extended to the streets that are known by numbers, but was largely supplemented by villages a little distance away. A man used to sit in the window of a house near a

hospital and watch the vehicles in which the dead were carried away. It is hardly necessary to add that he likewise sickened, plainly from the force of imagination.

It is no exaggeration to affirm that fear, which itself will induce choleraic disturbance, did its full part at that period to increase the multitude of sufferers, the victims of their own fantasies solely.

The Botanic Practice of Medicine, then familiarly known as "Thomsonian," was at that time in full glow. The first National Convention of the practitioners was held that very year, and cholera was discussed, and their extraordinary success in dealing with it. We can also remember how, full of enthusiasm, these men would boast inordinately of their successes in numberless instances where the "regular" doctors had failed, and how their boasting was justified. They were often illiterate, as indeed many physicians of that period were, and though they had come up out of great tribulation, were not very saintly. But full of confidence as they were, they administered it to their patients, as well as Cayenne pepper, and with results little short of miracle. Their successes led the late Dr. George McClellan, the grandfather of the Mayor, to declare that he and his coadjutors must adopt the Thomsonian practice or lose their patrons. The very bragging and boisterousness which characterized so many of the practitioners often commended them to individuals who preferred medical treatment from physicians who really believed in what they were doing.

Yet despite all that is supposed to be known of the imagination and its power to disorder the body, there seems to be a very general habit of employing it for that purpose. The physician who is too desirous of fees from a patient that is able to pay is sometimes disposed to exaggerate the matter, and diligent to impress upon his mind the belief that he is liable to some serious attack, or that he is seriously affected already. There are medicines in the pharmacopoeia that will make a person ill enough to suppose that he actually has the complaint that has been fixed upon his attention. It used to be said of tinkers that when they mended one hole they would make two. Their descendants, the plumbers, sometimes have a similar unsavory reputation, and it seems to be well earned. Physicians are not always free from an analogous imputation, as we may perceive from the verse in the song of the negro minstrel:

"The doctor came and made her worse."

But doctors are not the only sinners in this respect. Indeed, they are far from being the chief of such sinners. There is a

practice common in everyday life, which many deem meritorious, but which often operates in the same direction as promotive of disorder. In families the parents will, as indeed they ought, watch the appearance of their children from day to day; and often, when they observe some untoward appearance, will imagine at once that the youngster has contracted some disorder. Unfortunately they will dwell upon this till the youngster himself also comes to the notion that something is the matter. For it is a fact pertaining to the occult side of our human nature that a thought or concept which is active in a person's mind will not only affect the individual himself, but will stamp itself and produce its effects on others around. We have all noticed this. We ourselves become infected with light, jovial spirits when we come into a mirthful party; and we often become sad and depressed in spirit when we are with those who are in a downcast mood. Doubtless much that is called *contagion* is in accordance with this same principle, an infecting with peculiar moods and mental conditions.

It is a curious fact that if a person really believes another with whom he is familiar to be out of health, he is likely, by thinking it as well as talking it, to impress the notion on that person. After such a belief has become thoroughly established, the individual is ready to sicken, and even to die. It thus becomes necessary sometimes for individuals to be delivered from their friends.

The natives of the Hawaiian Islands used to take advantage of those who offended them by threatening to "pray them to death." As a general fact, the person so imprecated would wither, lose his strength and die. We do as badly as that by causing persons about us to be overborne by our conception of their feebleness and impending dissolution.

*(To be continued.)*

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### PEMPHIGUS NEONATORUM,

By William N. Mundy, M. D., Forest, O.

We are aware that the above caption is open to criticism and objection, some dermatologists even denying the existence of such a disease. A careful perusal and comparison of the literature at our command does not warrant, in our opinion, such a denial. Holt claims that the word *Pemphigus* is used to designate a lesion rather than a disease; dividing the conditions causing such lesion into traumatic, syphilitic and infectious, or as occurring in epidemics. The lesion he describes as an eruption of bullæ occurring upon a red base, the contents a clear serum:

Our second experience with the disease just recently has led to a renewed investigation of it. The babe, four weeks old, was taken sick with what the parents supposed to be colic. The symptoms briefly enumerated were: slight fever, restlessness and crying. In about forty-eight hours after the onset a large bleb appeared upon the forehead, having no inflammatory halo about it. Others soon appeared upon the neck, face, arms, and on various portions of the body. The bullæ were very large, and filled with a clear, semi-transparent serum. These ruptured, dried, and were replaced with a blue mark. There were no scabs nor semblance of crusts at any stage of the disease. The mother informed me that there was an almost complete desquamation. The restlessness and crying were nearly continuous, as though the child was in pain. Emaciation was rapid. At no stage of the disease was there any tendency toward the formation of pus or crusting.

The other case, reported some years ago, was not of such mild a type or nature. The child was five days old when the attack occurred. In addition to the bullous eruption, which was far more extensive than quoted in the above case, we had convulsions, diarrhea and icterus. The child was very much more emaciated and life was despaired of.

Sajous' Annual says that "Pemphigus is seldom present at birth, and does not develop before the third day, and rarely later than the fourteenth day. The eruption is not accompanied by fever, unless complications occur, and the eruption consists of round or oval blisters upon an apparently normal skin. These blisters rupture, leaving a raw surface, over which the skin rapidly recovers. The infection is caused by physicians and midwives. The disease is occasionally fatal. Thrush and intestinal disorders are unfavorable signs."

Stellwagon and Shoemaker are silent upon the subject of pemphigus neonatorum. Hyde describes as separate affections acute pemphigus and pemphigus neonatorum. He describes the latter as occurring in poorly nourished children, surrounded by unhygienic conditions. This, however, was not true in either of my cases. Carpenter, while classifying it as a type of Pemphigus, doubts its existence, and affirms that the disease is one of mistaken diagnosis. He says they are septic in form, or rather origin, and that they are really cases of *impetigo contagiosa*. We see but little likeness in the two conditions. For the sake of comparison we quote from his own work on skin diseases:

"*Impetigo Contagiosa*.—An acute, inflammatory, contagious

disease, occurring especially on the face, hands, and exposed parts, and characterized by the appearance of vesico-pustules and bullæ."

He gives the differential diagnosis thus:

| PEMPHIGUS.                                                                                                                                 | IMPETIGO CONTAGIOSA<br>(Bullous form.)                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Occurs chiefly in adults.                                                                                                               | 1. Occurs chiefly in children.                                                                                                                                                                                                            |
| 2. No source of contagion can be found.                                                                                                    | 2. A source of contagion can usually be found.                                                                                                                                                                                            |
| 3. No particular sites of preference; if anything, most frequent on the extremities.                                                       | 3. Met with most often upon the trunk; sometimes it may occur on the face, hands, or extremities.                                                                                                                                         |
| 4. Chronic in its course; marked by frequent relapses; may return from year to year.                                                       | 4. Acute in its course, rarely lasting more than a few days.                                                                                                                                                                              |
| 5. Bullæ are fully distended with a clear fluid, so that their covers appear tense. They often spring up out of sound skin without areola. | 5. Bullæ not fully distended, but flaccid, and contain sero-purulent fluid. They may have a well marked red halo while slowly attaining their full size. Characteristic vesico-pustules are generally present elsewhere at the same time. |
| 6. Lesions often occur in great numbers, so as to cover the whole body, and at times are pruriginous.                                      | 6. Lesions few in number; do not involve the whole body, and itch but little if at all.                                                                                                                                                   |
| 7. Disease obstinate to treatment and prognosis usually grave.                                                                             | 7. Disease yields readily to treatment; prognosis uniformly good.                                                                                                                                                                         |

Taking this classification of the salient symptoms as a basis, we notice our cases conform to items 2, 3, 5 and 6 of Pemphigus; to Impetigo, in 1, 4 and 7. As 3, 5 and 6 are the main features upon which a diagnosis is based, we believe our conclusions are correct. Our first case so far as item 7 is concerned agrees perfectly with its last clause. With item 1 there is a difference of opinion among writers. Several include pemphigus neonatorum in their classification of the disease.

The treatment was simple. Antiseptic washes, in conjunction with dusting powders. We used salicylic acid and bichlorate of soda as a wash; lycopodium as a dusting powder. Internally, remedies were given in accordance with the symptoms as they presented themselves.

Tinnitus aurium, present only in the recumbent posture, is suggestive of aneurism of one of the posterior cerebral vessels.

*American Journal of Surgery.*



**PEPTIC ULCER,\*****By M. M. Harvill, M. D., Nashville, Tenn.**

Chronic, gastric or round ulcer is usually single, though sometimes multiple, and arises from the action of the gastric or duodenal mucous membrane, in which nutritional disturbance has lessened the resistant capacity of the tissues involved. More than twice as many cases occur in females than in males. This is possibly due to stooping occupations, tight lacing, or any position which might have a tendency to crowding of the short ribs against the pyloric end of the stomach. Milliners, seamstresses, shoemakers, and others of like occupation, seem to be predisposed to this disease. Anything which interferes with the free action of the gastric vessels may cause thrombus and peptic ulcer. Anything which obstructs the circulation in the mucous membrane of the stomach, such as chronic gastritis, hepatic and renal cirrhosis, seems to be factors in the causation of this trouble. There is no time from the cradle to the grave that the human family is exempt from this malady, though they are more subject to it between the ages of fourteen and thirty — the most active period of life.

Peptic ulcer most usually occurs on the posterior wall, near the pylorus, but does sometimes develop on the anterior wall, and even in the duodenum. They are usually round, oblong or oval, but if small and grouped, will have an irregular contour. They range in size from half an inch to two inches in diameter. Their border in the beginning is sharply defined in the mucous membrane, and regular as if punched with a sharp instrument, but as the excavation grows deeper it becomes more irregular and smaller, assuming a funnel shape, so that the opening at the time of perforation is a very small point. During the perforating process there is but little or no inflammation, except at the point of perforation. The edges of the ulcer being indurated and swollen, there may be a catarrhal condition throughout the mucous lining of the stomach, but this may be confined to the vicinity of the ulceration.

In about one-eighth of the cases of round ulcer does perforation occur, the most cases healing by the recuperative processes, leaving a permanent cicatrix. This cicatrix sometimes contracts to such an extent as to leave as a result stricture of the pylorus, or other deformity of the stomach. A circumscribed peritonitis may set up as the ulceration approaches the peritoneum, producing adhesions with the liver, pancreas, mesentery or spleen, and stay

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\* Read before the Tennessee State Eclectic Medical Society, 1908.

the fatal results of perforation. Important blood vessels may be involved, and terminate life as a result of hemorrhage.

There are other deviations from the regular course of this disease, but I must hasten on to more important features. The symptoms are very often obscure, but as the disease progresses they become more plainly noticeable in the form of indigestion, with burning, gnawing sensations, pyrosis, gastric catarrh, jaundice, nausea and vomiting. Obstinate pain develops and grows more and more persistent, dull at first, but soon assumes a lancinating character. Usually feels better when the stomach is empty or when digestion is not being carried on. After a time you will find pain and tenderness over the eighth or ninth vertebra, and some months after this pain develops in the epigastrium. This pain often becomes excruciating, and sometimes can be relieved by change of position or lying upon a hard pillow on the floor. This pain in the epigastric region is paroxysmal and lasts for weeks, disappearing for a time, to come again with increased fury. The patient is compelled to wear loose garments on account of tenderness. The point of tenderness is not usually larger than a dollar, and located just above the umbilicus. An important symptom is vomiting, the rejection of food affording relief. The rejected food is highly acid and often mixed with bile, the latter becoming more plentiful as the disease advances. Vomiting of bright red blood often occurs, though frequently capillary hemorrhage will result and pass off with the stools, being of a dark, tarry material.

The prognosis of gastric ulcer is about an even chance, or with the odds against us slightly. Feeble and aged persons are usually its victims, delicate women being very susceptible to its fatal ravages. As to the treatment in this form of ulceration I will just give you my procedure in a recent case.

Mrs. W. came to me on April 13th, 1905, complaining of an almost unbearable burning in the stomach. On the 24th following I called to see her. She still had the burning in the stomach, with pains more lancinating. Complained of chilly, aching sensations, and manifested a temperature of 100 3-5, and vomiting every time she took water or food. Soreness of muscles, inclined to sleep, very oedematous about her face, hands and feet, and tongue coated yellow. I gave her *sp. aconite*, gtt. v; *sp. belladonna*, gtt. vj; *sp. macrotys*, gtt. xx; water, oz. iv; and in another glass I added *sp. nux vomica*, gtt. v; *sp. apocynum*, gtt. xv; to water, oz. iv. which I ordered taken alternately every half hour. Ordered hot packs to the stomach, and bowels moved by enema.

On my return next day she reported that she could not retain

any of the medicine, and was feeling worse. She being very restless and the tongue more elongated and pointed, still vomiting. I prescribed *sp. rhus tox.* and *sp. ipecac* in one glass, and *nat. phos. 2x*, in another, to be given in same way. I ordered in addition to this an occasional drink of cold peach-tree leaf infusion. She derived some relief from this prescription, but on the 26th I called and found the family much excited. She had about the same symptoms as above, and, besides, she had been vomiting bright red blood, and upon examination I found the eighth dorsal vertebra so sore and sensitive that she could hardly stand the most gentle touch. And, by the way, after this she developed soreness at different times along the spine below the eighth dorsal and around about the stomach and chest in spots. These spots were highly sensitive, and some of them would change almost daily. I concluded to place her on bismuth subnit. drams ij; *nat. phos. 2x*, grs. xx; water, oz. iv, in one glass; and *kali mur. 2x* and *fer. phos. 2x aa.* grs. xx; water, oz. iv, in another, to be alternated as before. In addition to the above I ordered the nurse to use hot fomentations of peach-tree leaves over the stomach, hot bath once a day, and moved the bowels as often as seemed advisable per enema. I gave her as a drink Marchand's Hydrozone, dram j, to half glass of water, each morning on empty stomach.

Her improvement was very steady from this time on. Her tongue cleaned off nicely and was of a deep red color, burning in stomach ceased, sore spots began to disappear, and her temperature went to normal. I now have her on hydrochloric acid, drops iij, every three hours, well diluted. In one glass I have *kali mur.* and *fer. phos.*, in another I have *ipecac* and *baptisia aa.* gtt. iv, to water, oz. iv, and alternated every hour. Her diet has been a very important feature of the treatment, consisting of small quantities of scraped raw beef hot, one yolk of hard-boiled egg, and buttermilk occasionally in small quantities, each taken separately or singly. She now takes stale bread toast with buttermilk, but have her masticate her bread thoroughly before taking the milk. I also give her once a day a small piece of broiled breakfast bacon, with dry, stale bread. I will say, however, that she took no diet at all during the active stages of the disease.

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Individuals with bluish sclerotics, and with dark lanugo over the upper part of the back, are usually of tuberculosis diathesis; and these signs are not inconsequential in making a diagnosis.

American Journal of Surgery.

## REFLECTIONS AND OBSERVATIONS.

By W. B. Church, M. D., Cincinnati, O.

It is not well to rely too exclusively on our drug remedies in the treatment of disease. Even specific medicine and medication should not be cherished with such enthusiasm as to cause us to ignore other therapeutic resources.

Cases will arise that baffle our best efforts, in which our expectations are not realized, remedies heretofore adequate having no effect. Under such circumstances the physician, wholly committed to faith in the efficacy of his drugs and therapy, is apt to abandon the case as hopeless, to think he has done all that can be done. If a case so abandoned is subsequently rescued by any kind of treatment, the prestige of the physician is seriously impaired. Repeated instances impair the prestige of medicine itself. We much prefer a wide margin between professional and lay methods. The superiority of the former must be so manifest as not to admit of question, if we are to hold our own in the contest with the many outsiders who are always active in their efforts to supplant us, and ready to seize every opportunity to foment prejudice, and undermine confidence in our patrons.

In order to maintain the position a doctor assumes, it is nowadays essential that he be able to clearly demonstrate his superior ability to diagnose disease and treat its victims. Time was when the gold-headed cane, a pompous manner, and scrupulous care to prevent familiarity on the part of laymen with remedies and methods, were sufficient to keep the masses properly subordinate and dependent. The doctor did not feel secure in his calling and vocation unless hedged about with both dignity and mystery. The effort to maintain such barriers has been greatly relaxed, but the disposition to poach on medical preserves is so general that the necessity for some extraneous aid is still recognized.

Efforts along the old lines are not wholly abandoned, either. Few doctors, for instance, take their patients into full confidence as to the name and nature of the remedy prescribed. When questioned directly on this point, if an answer is vouchsafed, it is thought to be wanting in definiteness and real frankness. The clearly implied preference is that the patient swallow the remedy, *secundum artem*, leaving its selection wholly to his medical adviser.

The fictitious supremacy maintained for centuries by such dubious methods can not be longer enjoyed. The profession has for some years now realized its insecurity, and been stirred with

a widespread desire to improve its status. By almost universal accord this has been attempted through medical legislation. Great zeal and activity have been exhibited in carrying on this work, until a medical bill prescribing conditions and qualifications for license to practice medicine, and authorizing and providing State Medical Examining and Health Boards, has been enacted in all the States. Whatever ostensible purpose may have been assigned for this activity, it will be conceded that the underlying motive was derived from the instinct of self-preservation. This is clearly shown by the fact that medical bills are regarded with satisfaction by the profession just in proportion to their effect in reducing competition.

The vital importance to the profession of this great work, and the many advantages of being thus combined practically in a closed corporation, with valuable and extended powers and privileges, are recognized by all.

An increased feeling of security and stability in our relations to the public is enjoyed, and strenuous efforts made to maintain the position gained. Thus far the courts sustain us, which action can only be based on the assumption that the methods of ministering to the sick, thus receiving legislative sanction and protection, are superior to any known to, or likely to be devised by, persons outside the pale of the medical fraternity. It behooves us, therefore, to justify, by every possible force of demonstration, this flattering assumption. Instead of regarding what has been done as a finality, we must see to it that our means and methods are of the best, and kept well in advance of any originating outside our lines. Only so can we hope to be sustained by public opinion, the court of last resort, and final arbiter of all questions of right and expediency. Indeed, it may well be doubted if all physicians are quite satisfied with a position that requires special legal support. It savors of class legislation to a degree repugnant to democratic ideas. They will be better pleased with a situation based squarely on the great Darwinian law, "The survival of the fittest."

The physician who thinks his duty to his patient begins and ends in writing prescriptions is not prepared for the work implied. The plain fact is that for a long time the chaotic condition of medical theory and practice has been such as to invite assault. Various remedial agencies, scorned and neglected by us, have been made the basis of a new cult to contest the field and draw away a contingent of our support. The time is ripe and the occasion urgent for an accession of power to practical medicine, which can

only come from increased knowledge. The kernels of wheat in the mountains of chaff in medical literature must be winnowed out; a careful inventory of resources made, and a wise discrimination exercised in selecting from heretofore neglected auxiliaries. The writer will contribute his mite to this work in next month's JOURNAL.

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### SCARLET FEVER. \*

By J. Paul Harvill, M. D., Nashville, Tenn.

Scarlet fever is an acute infectious disease. It is characterized by a short incubation, short, prodromal stage, erythematous efflorescence, desquamation and long course. If there be a micro-organism that produces this disease, it has not been discovered. This is the most important and I think the most dangerous of the exanthemata, because of the many complications and sequelæ. An early diagnosis and prompt treatment are of vital importance, for the safety not only of the patient, but the community in which it occurs.

*etiology.*—Scarlet fever is the most irregular of all the exanthemata in its virulence and manifestations which it presents in different individuals. It is usually epidemic, returning to the same locality after several years. Occasionally it is sporadic.

The sporadic case may be the mildest or the most malignant. A malignant case may give rise to a mild case in another individual, and *vice versa*. Unlike measles, scarlet fever spreads very slowly. It very rarely occurs more than once in the same individual. The source and identity of the contagium have not been definitely determined. If there be bacterial infection, it is secondary, usually streptococcus pyogenes.

The epidermis seems to carry and preserve the poisons for months, and the disease is most commonly disseminated by desquamated particles which find lodgment in clothing, carpets, etc. Mail packages may carry the disease for long distances, or it may be conveyed from continent to continent through the baggage of tourists. Throughout the course of the disease, the discharges from nose and throat may be a source of infection.

Scarlet fever may occur at all ages, but is rare during first year. Adult females seem to be more susceptible than adult males. I have never had a case in adult male, but quite a number in females. It is usually mild in adult life.

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\* Read before the National Eclectic Medical Association, June, 1904.

*Pathology.*—The organs principally affected in scarlet fever are the skin and throat, though the usual complications are from the ear and cervical glands. The most common sequelæ is nephritis, from which cardiac disease may arise. Pearce says: "The internal organs show an infiltration with plasma cells, and this is especially noticeable in the kidney in the acute interstitial form of nephritis. A proliferation of cells is found in the follicles of the lymph nodes, and these cells are also often found infiltrating the coats of the veins, seeming in many places only to penetrate the endothelium and forming plugs in the smaller vessels."

Hyperplasia of the lymph nodes is a constant and marked characteristic. As a rule the spleen is enlarged and shows marked follicular hyperplasia. The kidney presents the characteristics of Bright's disease. There is congestion, with some extravasation.

In scarlet fever the mucous membrane of the throat is rendered peculiarly vulnerable to the invasion of pathogenic conditions, whether caused by germs, or otherwise. When the morbid condition in the throat is represented by a pseudo-membrane, it will be found that in the great majority of cases the process is due to streptococci, but it is often complicated by a diphtheritic membrane. A destructive acute inflammation of the middle ear often results, causing a long-continued suppurative process, with resulting adhesions and necrosis.

There are various forms of nephritis that may follow scarlet fever, the pathology of which we will not attempt to give now. During the prodromal stage the urine is somewhat lessened in amount, but returns to normal during the stage of efflorescence and increases during desquamation, amounting at times to a polyuria, but gradually returns to normal at the end of this stage. During efflorescence, especially if the temperature continues very high, a small amount of albumen may appear in the urine, only to disappear as the temperature declines.

*Diagnosis.*—The diagnosis of the benign or typical form of scarlet fever is not difficult. In fact, it is rarely that a case is presented to the physician that is not readily diagnosed. The incubation, compared to other exanthemata, is very short. The prodromal stage is shorter than that of variola and measles and longer than that of varicella.

The general hyperæmia of the mucous membrane, and the characteristic sore throat, accompanied usually by vomiting and other severe constitutional symptoms, make it very easy to distinguish this disease from the other exanthemata.

The punctate erythematous appearance of the skin, with the efflorescence beginning on the neck and chest and spreading upward and downward, very clearly distinguishes this from other diseases of this group. It is said that the efflorescence following the use of antitoxin is difficult to distinguish from that of scarlet fever, though I have never observed this condition. The lamellar desquamation is very characteristic of this disease, though in rare cases other exanthemata present this symptom. McCullum says: "One of the earliest manifestations of the desquamation is a white seam around the base of the nails." The strawberry tongue is said to be characteristic of this disease, though I have seen this tongue in septic measles.

*Prognosis.*—In forecasting the final result in this disease, many things may be taken into consideration; the character of the epidemic, the sequelæ, the age of the patient, the general surroundings, and the proper nursing. The mild, uncomplicated case should always recover. I have lost only three per cent. of all my cases. These cases were malignant, with nephritic and throat complications. Both of these patients had very fair skin, light hair, one light red. Under the very best conditions you may expect to lose two or three per cent.

*Treatment.*—The patient should, as early as possible, be placed in a comfortable apartment, isolated from other members of the family, with a competent nurse. The room should be well ventilated without exposing the patient to currents of air. The temperature of the room should be uniform at about 68 degrees. No one should be admitted to the room except the physician and nurse. All unnecessary furniture should be removed from the room. The clothing and secretions of the patient should be thoroughly disinfected, as in typhoid fever. During the period of desquamation, measures should be taken to protect the dissemination of the dry scales. The patient should remain quiet, in recumbent position, even in the mild form, until fever has entirely disappeared, and in many cases until desquamation is over, the skin during this period being so susceptible to atmospheric changes. Some have recommended the belladonna as being prophylactic, but I have not observed anything to verify this conclusion. The only thing you may hope to do for the child who has been exposed to the disease, is to strengthen the general system, so that it may more successfully resist the severe form of the disease. Webster relies greatly on the echinacea for this purpose. He says, "The echinacea fortifies the blood against sepsis, the tissues against phagedena, and the cerebro-spinal centers against acute morbid changes."



The mild form of scarlet fever usually demands very little medication, yet any case demands close attention. One reason the mild form is sometimes fatal, is because it is more often neglected by the nurse, as well as the physician. The urine should be examined occasionally, the bowels should be looked after, and the skin sponged with warm water, where fever demands it. The skin during desquamation should be rubbed with olive oil once or twice daily. This is all the mild, uncomplicated cases will usually need, except that they should be fed a mild, liquid diet. The milk diet is best when it can be prepared rightly. Malted milk answers a good purpose here.

The treatment of scarlet fever anginosa will require more medication, and the careful and persistent attention of the physician. The high temperature, the persistent vomiting, excessive cutaneous irritation, the distressing throat trouble, and various nervous manifestations, present a picture far more dreadful to the physician.

The high fever should be met as nearly as possible by the indicated remedy. I believe the aconite, when indicated by the small pulse, together with the warm alkaline sponge bath, has no equal for regulating the temperature. To this I would add the phytolacca to relieve the glandular inflammation, if the mucous surfaces are full and of a dark color, and tonsils covered with pasty, tenacious exudation. It also has, often, a diuretic effect when these conditions are present. I rely confidently upon the echinacea, not only to counteract the sepsis, but frequently to prevent it.

It will greatly aid the belladonna in stimulating the capillary circulation and preventing stasis in these vessels. I give *sp. jaborandi* if the pulse is hard, the skin and mucous membrane dry.

Sulphur in small doses will often relieve the glandular enlargements promptly, and it also has a kindly influence over the skin in this disease. When gastric irritation is marked, it should be met by the peachtree infusion, bismuth, or the local application of the peachtree leaves, after bruising and wetting, with apple vinegar. Often a small piece of ice held in the mouth will relieve the nausea. The throat frequently demands some local measures.

One teaspoonful of echinacea with five drops of carbolic acid in four ounces of water, will be found an excellent spray. It should be used from one to four times a day. The throat should be carefully watched, for occasionally diphtheria may complicate the disease.

If such should be the case, the treatment should be the same as in any other case of diphtheria. If abscess forms in the throat, it should be opened as early as possible. Where the infection is very severe, the lymph-nodes of the neck become involved. This enlargement may, in some cases, be so great as to cause much swelling and distortion of the face and neck. It extends, at times, under the chin, from one ear to the other, as a mass of cellulitis, which may become gangrenous. Calcium sulphide should be given in one-tenth grain doses every three or four hours, with perhaps hot fomentations locally.

The middle ear is so closely connected by means of the eustachian tubes with the naso-pharynx that aural complications are exceedingly common where naso-pharyngeal irritation exists.

The first intimation, in some cases, of middle-ear trouble, is the issue of pus from the ear. This should be kept thoroughly clean by the application of boracic acid solution, a solution of hydrastine sulphate. Paracentesis is sometimes necessary to relieve the middle ear of the pus.

Acetate or citrate of potash, gelsemium, apocynum, rhus tox., carbonate of ammonium, sodium salicylate, and the acids, are various remedies that I use in connection with this disease, according to their several indications. The patient should return to solid food very gradually, on account of the probable nephritis.

### EXAMINATION QUESTIONS.

#### *Texas Eclectic State Board Examination, 1905.*

##### ANATOMY.

1. Describe the heart. Give size and weight. Give cavities.
2. Describe the liver. Give weight, position, and structure.
3. Where is the gall bladder located? What is the size of gall bladder? Give coats of same.
4. Describe the kidneys. Give size, weight, positions and relations of kidney.
5. What is the peritoneum? Give situation and boundaries of the foramen of Winslow.
6. What is the brain? Name meninges. Give weight.
7. Describe the circle of Willis.
8. Describe the aorta. Give course of arch of the aorta.
9. Give number and names of bones of the skull.
10. The vertebral column consists of how many bones. Give divisions and number of bones in each.
11. How many bones does the skeleton contain? How arranged?
12. What is the tympanum?
13. How is the brachial plexus formed?
14. What is the course of the brachial artery? Give the branches of the brachial artery?

15. Name the bones of hand; of foot.
16. Describe the diaphragm.
17. Describe the spinal cord. Give internal structure of cord.
18. Give membranes of spinal cord.
19. Describe the pelvis.
20. Describe the stomach. Give relations to the peritoneum. Give structure of stomach. Describe large intestine; small intestine

#### PHYSIOLOGY.

1. What is meant by the physiological balance, with reference to the weight of the body?
2. Name the glands the secretions of which form the saliva; give physiological action of the saliva.
3. Describe the process of digestion. Give name of pabulum in stomach; in intestines.
4. How is digested food absorbed, and through what channel does it reach the circulation?
5. Give name of lymphatics forming thoracic duct; also the name of the beginning portion of same. What areas does it drain and into what does it empty? Do lymphatic vessels possess valves?
6. Give the average amount of bile secreted in 24 hours, and its various functions.
7. Give the daily average quantity of urine excreted; of urea. What is the re-action of normal urine? of blood?
8. Give the essential difference between blood and chyle.
9. Describe the double function of the lungs. What organs furnish the blood with oxygen?
10. Describe the circulation of the blood through the heart. What is meant by the systole and diastole of the heart?
11. At what rate does the blood flow in the large arteries? In the capillaries?
12. Give the three principal forces which maintain the flow of blood through the veins.
13. Describe the portal circulation. Name the vessels carrying the blood to the liver and that carrying it away, and into what does the latter empty?
14. How many pairs of cranial nerves are there? Name the tenth pair, and give its distribution and function.
15. What constitutes the cerebro-spinal axis? Name the principal divisions of the brain. Name the division in which is located the centers of respiration, phonation, deglutition, mastication and expression.

#### PATHOLOGY.

1. What is pathology?
2. Give pathological description of inflammation.
3. What are the principal pathological characteristics found in tetanus?
4. Give the principal pathological conditions of acute gastritis
5. Name the principal pathological conditions found in acute tonsillitis.

6. Give morbid conditions found in enteritis in children.
7. What pathological conditions are found in acute yellow atrophy of the liver?
8. Give principal morbid conditions found in acute bronchitis.
9. Give the principal pathological conditions found in purulent pleurisy.
10. State where the most important changes are to be found in paralysis agitans, and in what respect does it differ from true senility?

#### MATERIA MEDICA.

Give (1) synonym, (2) how and where obtained, (3) description, (4) medical properties and uses of the following drugs:

- |                               |                       |
|-------------------------------|-----------------------|
| 1. Liquor potassii arsenitis. | 6. Oxalate of cerium. |
| 2. Ferri chloridum.           | 7. Scilla maritima.   |
| 3. Sodii et potassii tartras. | 8. Secale cornutum.   |
| 4. Mercurous chloride.        | 9. Nux vomica.        |
| 5. Sodii chloras.             | 10. Veratrum viride.  |

#### THERAPEUTICS AND PRACTICE.

Give (1) the etiology, (2) pathology, (3) symptoms, (4) diagnosis, (5) prognosis, and (6) treatment of the following maladies:

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|----------------------|---------------------|
| 1. Uræmia.           | 6. Myelitis.        |
| 2. Scarlatina.       | 7. Ascites.         |
| 3. Cerebral anæmia.  | 8. Angina pectoris. |
| 4. Myxœdema.         | 9. Dangué.          |
| 5. Enteritis, acute. | 10. Neurasthenia.   |

#### SURGERY.

1. Describe the general principles to be adopted in ligating arterial trunks in continuity, whether for injury or disease.
2. What are the indications for laparotomy in abdominal wounds?
3. State complications which may occur in fractured ribs, and give treatment.
4. How do you prepare patients for the administration of anæsthetics? How do you administer ether? Under what circumstances is chloroform preferred to ether?
5. Under what circumstances may careful sounding fail to detect stone? How may vesical calculi be treated, and what circumstances guide you in the choice of operation?
6. In what part of the body are varices most frequently found? What indications would call for an operation for trephining?
7. Describe a ready method of applying a fixation dressing to a fracture of the leg, complicated with an extensive contusion of the soft parts, during the first week. Mention the dangers to be anticipated in such a case.
8. Differentiate in diagnosis and treatment a case of chancroid from one of true chancre.
9. What is housemaid's knee, and how would you treat a case?
10. Define osteo-malacia, and give its prognosis and treatment.
11. Define embolus. Does it depend upon a thrombus? What relation does it have to an infarct?
12. Describe intracapsular fracture of the neck of the femur, and give treatment for same.

13. Give symptoms of tubercular disease of the hip joint.
14. How would you treat a case of posterior curvature of the spine in the dorsal region?
15. Describe the operation of ligation of the lingual artery.

#### OBSTETRICS.

1. What is amniotic fluid? Placenta? Lochia?
2. What in your judgment would constitute a normal labor?
3. Name two abnormal conditions during labor demanding immediate interference, and how would you manage them?
4. What preparations should the physician exercise to avoid eclampsia, and name some of the symptoms which would lead him to suspect its approach?
5. Name the more serious dangers a woman is subjected to the ten days following childbirth, and the measures you would adopt to avoid said dangers.

#### DISEASES OF WOMEN.

1. Differentiate between amenorrhea, dysmenorrhea and menorrhagia.
2. Why is it that gonorrheal inflammation is more serious than other forms in the female pelvic viscera?
3. Name three forms of tumors common to the uterus, and the proper management of each.
4. Name six of our more valuable female remedies, and give the principal indications for each.
5. Name the more prominent symptoms which would lead you to suspect chronic cervical inflammation or congestion, and give your treatment, both local and internal.

#### CHEMISTRY.

1. What is matter? How many and what different conditions of matter exist?
2. What is the difference between analytical and synthetical methods? Define an acid. Distinguish between mono, di, and tri basic acids.
3. What are alkaloids? Name four of the principal ones.
4. Give details of testing suspected stains for blood.
5. Given a sample of urine to analyze, how would you proceed?
6. Give chemical antidote for poisoning from the following: morphine, cocaine, alcohol, carbolic acid, corrosive sublimate, and arsenic.

#### HYGIENE.

1. Are pot plants an advantage or disadvantage in the sick room, and why?
2. Give the average quantity of food required per day for a healthy person.
3. Give consumption of atmospheric air. What changes occur in it during respiration?
4. How much space in cubic feet should be allotted to each person occupying a room, and state how often the air should be changed in said room to maintain the standard of purity.
5. Name the communicable diseases of school children.

6. What do you understand by preventive medicine?
7. Give name of gas sometimes found in cellars and old wells.  
What condition favors its accumulation? What is its effect upon animal life? How would you detect its presence? How would you remove it? and if in cellar, how would its effects upon the occupants of the house be manifested?
8. How may pure water be obtained? What water may be regarded as most healthy?
9. What kinds of impurities are likely to produce dyspepsia, diarrhea, dysentery, cholera, enteric and malarial fevers? What ingredient found in water is the supposed cause of goitre?
10. Give the different methods of purifying water.

## HISTOLOGY.

1. Give the histological description of the kidney.
2. Describe a cell, nucleus, and amœboid movement.
3. Give the histological description of the small intestines.
4. Give the normal constituents of human blood.
5. Give the histological description of the arteries.
6. Give the histological description of the brain.
7. What is protoplasm and epithelium?
8. Where do you find synovial membrane?
9. Give the histological description of the liver.
10. Give a histological description of bone.

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## EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTE, M. D.

**ACUTE CATARRHAL OTITIS MEDIA.**

*Synonyms.*—Otitis Media Catarrhalis Acuta · Earache.

This is a true inflammatory condition of the tympanic mucous membrane.

*Etiology.*—This condition may be a complication in acute infectious diseases, especially the exanthemata, or it may result from a rhinitis or pharyngitis. The use of the nasal douche, or violent efforts to clear the nasal cavities, may be a cause. In teething children earache is not uncommon. Abnormal conditions in the nasopharynx predisposes to this condition. Exposure to cold or wet often causes an acute catarrh of the middle ear.

*Pathology.*—Similar to that of mucous membrane generally.

*Symptoms.*—As the symptoms vary according to the age of the patient, a division is made for convenience.

In young children the attack may be so severe that a diagnosis of meningal or cerebral disease is often made. The attack usually comes on at night, and the first indications of illness will be restlessness, the arms being raised above the head, and often

to the affected side. The child soon wakens, usually with a sharp cry of pain. The temperature as a rule varies from 102° to 104°. The child usually, on being lifted from its bed, presses the affected ear against the breast of the party carrying it, and its screams are symptomatic of agony. It is not the fretful cry of cerebral irritation, nor the peculiar moaning cry of meningitis. Unless the infrequent condition of both ears being affected at the same time, there is not the disposition to throw the head backward. Spasms or vomiting may occur prior to or during the height of the attack; if this occurs, the differential diagnosis between an acute catarrh of the middle ear and meningitis is often difficult, unless an examination of the ear is made. After a variable period the membrane ruptures, and a sero-mucous discharge will be found in the canal. When rupture occurs, there is usually a diminution of the pain, the temperature is reduced, and the child soon goes to sleep; but as the inflammatory action is liable to continue for several days, a normal temperature is not to be expected at once.

The first few days the discharge is profuse, turbid from the admixture of epithelial cells, and as there is usually considerable mucin present, the secretion is rather viscid. On account of this viscosity free escape of the discharge is impossible unless the opening in the drumhead is of considerable size, and obstructive symptoms may result. After a few days the discharge becomes thin and watery, and often entirely ceases. If properly treated, the discharge does not become purulent, but in neglected cases a purulent discharge will often follow in a short time, and finally result in a chronic purulent otitis media. If the perforation in the membrana tympani becomes closed through any cause before the catarrhal process has subsided, there will be a return of the constitutional phenomena.

In adults the early symptoms may be so slight as to be ignored. A sensation of fullness in the ear, soon followed by pain, which steadily increases in intensity, and makes it practically impossible to sleep. Usually the pain is localized, and intensified on lying down. Subjective noises of a high pitch are usually present. The acuity of hearing is generally impaired, and almost total deafness in the affected ear may temporarily occur. The pain gradually diminishes after profuse secretion occurs, but there is a sensation of fullness or heaviness in that side of the head. On swallowing there is usually a sharp pain, often extending from the pharynx to the ear, and air passing into the tympanum and through its fluid contents produces a bubbling sound. There is seldom any febrile symptoms, but considerable prostration may

result from the severe pain. Rupture of the tympanic membrane may take place within forty-eight hours, but in many cases this does not occur, and the sero-mucus in the tympanum produces the characteristic symptoms of an intratympanic effusion. When rupture occurs, there is usually an abrupt diminution of pain, and the presence of a sero-mucous discharge in the canal. When rupture of the drum membrane does not occur, the vault of the tympanum may be implicated, and at times the mastoid region is invaded by the morbid process. There is intense pain back of the auricle, which gradually involves almost the entire side of the head. In this condition there is usually increased temperature, as well as more severe local symptoms. If rupture of the drum membrane occurs, there may be a spontaneous cessation of the condition, or it may become a chronic purulent otitis media.

*Diagnosis.*—This must be made both from the history, symptoms, and an inspection of the membrana tympani. In the early stages there is a marked hyperemia of the membrana tympani, especially along the handle of the malleus. The membrana flaccida is also hyperemic, and often the drum membrane is depressed. In the later stages the membrane is uniformly reddened, the landmarks obliterated, and a bulging may be seen. After the discharge has commenced, the canal of the ear will be found filled with sero-mucus. After this is removed the membrana tympani will show a white, dull coating, the result of necrosis of the superficial epithelium. On the removal of this coating with cotton, the membrane will appear red and swollen. The location of the rupture is usually easy, unless the canal is swollen. Rupture may occur in any part of the membrane, but is usually located in the inferior half.

*Prognosis.*—Usually favorable, even without treatment, but a chronic purulent otitis media, or even a mastoiditis, may follow. If perforation does not occur, complete resolution may not take place, and infrequently inspissated material remains in the tympanum, which may be a source of annoyance to the patient. One case that I had under treatment for this condition, the removal of this mass of inspissated material by incising the membrane and grasping the mass with forceps gave immediate and complete relief.

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### **Blindness and Lesions of the Cranium.**

Professor Goldzieher relates the history of a man, thirty-eight years of age, who fell from a wagon. He was comatose and had several fractures of the skull. He was trephined, a clot removed,



and an artery ligated. He was soon able to resume his occupation of locksmith, but his sight slowly failed. At present the pupil is fixed, the right eye slightly deviates externally, and vision is reduced. There is no patellar reflex. The case exhibits a mixture of beginning tabes and optic atrophy of traumatic origin. Atrophy is very rare in beginning tabes compared with muscular paralysis. The question is whether the traumatism acted through the hæmorrhage descending along the sheath, with degeneration accompanying the absorption of the clot.—*Recueil d'Ophthalmologie*.

#### **Metastatic Dacroadenitis in Gonorrhea.**

A man, twenty-five years of age, suffering from acute urethritis, had diffuse œdema of the eyelids with congestion of the globes. The inflammation soon became localized in the region of the lacrymal gland, which constituted a hard, lobulated, and movable tumor. Recovery occurred in fourteen days without any modification in the secretion. There was no local or general infection. In the eight known cases there has always been bilateral disease. The theory of metastasis, at first opposed by Fournier, has been established by Wassermann and Nicolaysen. Aside from cases of general gonorrhœal infection, with endocarditis and multiple abscesses, there are other and more benign cases in the metastatic lesions of which the gonococcus is not found, obliging us to admit the transport and action at a distance of the toxins without the microbe.—*Recueil d'Ophthalmologie*.

#### **The Causes of Iritis.**

Drs. A. Chevallereau and Chaillous have seen one hundred and thirty-one cases of iritis, and classify them as follows: Fifty-five patients were women and seventy-six were men, making 42 per cent. of women and 58 per cent. of men. Most of the patients were between twenty and fifty years of age. As regards the causes, syphilis had existed in thirty-nine patients, gonorrhœa with arthritis in nine, rheumatism in seven, tuberculosis in nine. The clinical forms were serous iritis and plastic iritis. From the point of view of symptomatology, syphilitic iritis has a special physiognomy. It is of a sluggish and painless form, developing from two to eight months after the initial lesion. The most acute and most painful cases were those consecutive to rheumatism, and particularly gonorrhœal rheumatism. In twenty-seven patients no cause could be specified.—*Recueil d'Ophthalmologie*.

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PERISCOPE.

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**BACTERIOPHOBIA AND MEDICAL FADS.**

The startling announcement comes through the columns of the yellow journals that the germ of insanity has now been discovered. So much is being written nowadays in the orthodox medical journals and exploited by the sensational newspapers about disease germs and their ravages that practical people are beginning to inquire, "Where are we at?" and where is this craze about germs to end? Health Boards, in their great zeal to save the "dear people" from the assaults of these microscopic monsters, which we are gravely told swarm in the air we breathe, in the waters we drink, in the food we eat, and lurk on the lips of lovers in millions, billions, trillions, quadrillions, quintillions, and so on *ad infinitum*, are squandering millions of the public funds in waging an incessant and futile warfare on these imaginary foes of human existence. Every day some hitherto unheard-of bacteriologist heralds through the yellow newspapers the alleged discovery of some new form of microbe with a long Greek name. Every day some germ-crazed theorist hysterically points to a new form of danger hidden under some familiar guise, and anxiously asks how it is to be met and overcome. Nearly every day fresh horror is added to human existence by the blatant announcement of some alarming discovery purporting to bear the hall-mark of science. The orthodox medical journals of the self-styled "regular" school are as full of germs as the Sahara Desert is of sand. A newly discovered disease germ is officially reported every morning at 8:30.

Had the discovery of these germs had anything to do with the prevention or the cure of disease, people must long ago have ceased to die of cancer, cholera, consumption, diphtheria, scarlet fever, typhoid fever, and pneumonia. The stubborn fact, however, remains that the above mentioned diseases are quite as prevalent and fatal at the present time as they were in the pre-microbial period; while two of them (cancer and consumption) have been rapidly increasing in frequency since the discovery of the germ theory was announced by German investigators. Serum therapy, the outgrowth of the germ theory, is regarded by many eminent pathologists as the principal factor in the increased prevalence of cancer and consumption. Serum therapy, by employing as remedies the products of diseased animal tissue, necessarily disseminates communicable diseases among the people. The fact that statistics show a greater death rate from the above named

diseases since the wonderful discovery of the germ theory, and since Boards of Health have been vested with authority to force this ruinous fad upon physicians and the people, is strong evidence of the injury wrought by this monstrous medical fallacy.

If we are to believe the germ theorists, all the actions of our daily life, our letters, our money, our books, our clothes, our dwellings, the trolley-car, the cab, the waiting-room, the train, the theater, the drinking cup, our every bite and sup — all are fraught with the most hideous perils. It is indeed touchingly pathetic to witness the hold which the modern craze regarding germs and their destruction has obtained upon the minds of the credulous and emotional classes of society, as well as upon sensational newspaper editors and reporters, who implicitly follow faith instead of reason. If we believe one-half of what the microbe theorists tell us, we would not dare to breathe, eat or drink.

There can henceforth be no rest for the man or the woman who believes in the disease germs and its universality. The credulous people of this germ-infested planet might just as well realize first as last that there is no safety for them unless they get fumigated and be hermetically sealed up in sterilized glass cases, or jump into a bath of carbolic acid and remain there.

Before proceeding further it may be well to call attention to a popular fallacy that exists concerning this germ theory of disease, which is so much talked about and so little understood. There is a popular impression among the misinformed that the medical profession is unanimous in its acceptance of the germ theory of disease — that is, the theory that all infectious and most other diseases are due to the entrance of living micro-organisms into the bodies of those affected. This impression is grossly erroneous. Many of the most advanced thinkers in the medical profession, both in this country and abroad, are frank in the expression of their convictions that the germ theory has no scientific basis upon which to rest its claims. It is a mere fantasy of fussy microscopists who know little or nothing of the real nature of disease.

Moreover, many investigators, who were at one time identified with the germ theory, are now on record as having abandoned it as untenable. For instance, at the thirteenth triennial session of the International Medical Congress, held in Paris in 1903, Dr. Rudolph Virchow, who is conceded to be the world's leading authority on this subject, frankly said: "Microbes are always found where there is disease. They are also found where there is no appreciable disease, and may be the result and not the cause of disease." This statement, coming from one who was himself

at one time a leading advocate of the germ theory, is significant indeed. It is safe to assert that no sensible physician believes one-half of what the germ faddists say about the alleged ravages of the minute organisms called disease germs.

The experiments performed on their own persons a few years ago by Professors Pettenkoffer and Emmrich, of Munich, Germany, gave the germ theory a blow from which it has never recovered. At one dose, Professor Pettenkoffer swallowed several millions of the comma bacilli (germs of Asiatic cholera). Professor Emmrich repeated the experiment a few days later by swallowing a culture containing many millions of cholera germs. For more than a week these professors had in their alimentary canals countless millions of the real cholera germs, the lineal descendants of the comma bacilli, taken from the intestines of persons who had died of Asiatic cholera in Hamburg, still neither of these physicians suffered from anything like cholera, neither did either of them experience any appreciable effect from the large quantities of active cholera germs swallowed. \* \* \*

When the germ doctors are pressed for an explanation of such occurrences as these, they will tell you that the professors were insusceptible; that disease germs will not "take hold" of a healthy person. If this is so, how can the germs be the cause of disease? If it is necessary that a person be in poor health before the germs can "take hold" of him, may not the germs be the result or an incident of the disease?

The concession of the microbe theorists that a healthy person is immune to attack by pathogenic micro-organisms discredits their own theory, for it is a fact well known to any physician who has seen much of typhoid fever that this disease, in its severest forms, frequently afflicts those who were in robust health right up to the time of attack. Many of the severest cases of typhoid fever which I have attended occurred in people who at the time of attack were in vigorous health. Doctors who uphold the germ theory of disease tell people to boil the water they drink. Boiling, they declare, kills the germs. The deluded guardians of the public health seem to be entirely oblivious of the fact that the large majority of the people who have suffered from typhoid fever have been victims of boiled water. I have a list of the names of more than fifty prominent people of this city who have suffered attacks of typhoid fever, in spite of the precaution of having habitually drunk only boiled water. \* \* \*

The discovery that every person's mouth harbors microbes in immense numbers has led certain doctors to denounce kissing as

a dangerous pastime that should be put down by the strong hand of the law, though the law still enjoins the kissing of the old Book that has been savored over by the lips of thousands of dirty witnesses. As to the women whose lips are threatening to do so much harm in the world, the least we can do is to let them alone. They can do much more harm in the future than they have done in the past. If germs are the cause of disease, isn't it a little strange that anybody should have lived long enough to die of old age before this wonderful discovery was made? History informs us that our ancestors of the pre-microbian period were strong, healthy people, who attained on an average a good old age, notwithstanding their blissful ignorance of the presence of disease germs and how to escape them.—*J. W. Hodge, in Medical Visitor.*

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### THE TRUTH ABOUT PATENT MEDICINES.

The newspapers of this country have always clung to such distorted and unreasonable ideas concerning their proper relations with the hideous patent medicine traffic that any argument with them has been useless. It was a waste of time for any physician to tell what he knew to be the truth about this stupendous swindle, because the newspapers, for very obvious reasons, refused to listen. If he grew too insistent, they retorted by accusing the medical profession of being envious, jealous, and wholly unworthy of credence in the premises. This always drove the nail, so far as the papers and their credulous readers are concerned, and clinched it. Thus has the educated and intelligent physician been compelled to stand helpless while his patients and friends were duped by these notorious swindlers, with the open connivance of the press, which ought to have been in better business. This has gone on and on until the quack doctors and patent medicine fakers have practically held the people of this country by the throat—but what could anybody do about it?

At last a ray of light is bursting through the gloom of heartless and soulless and conscienceless commercialism. In a recent issue of *Collier's*, that paper openly ranges itself on the side of right and decency. In a scathing article, Mr. Norman Hapgood tells some wholesome truths about the newspapers and the patent medicine business, and he does not call a spade a wheelbarrow in doing it. He openly accuses the leading newspapers of this country of a criminal alliance with the quacks and patent medicine fakers. His article makes refreshing reading for the weary and disgusted doctor, who has had his hands tied all these years in his honest

effort to improve general sanitary conditions and to benefit suffering humanity. It is an omen of good things, too, for once the people can be made to understand the true inwardness of the patent medicine situation, there will be a revolution in public opinion that will jar the editorial sanctums of the publications that help to sell these medical gold bricks.

*Collier's* promises to carry the war into Africa by detailing a prominent journalist, who is specially qualified for the work, to investigate and expose the true inwardness of some of the leading fakes, and to uncover the methods by which their makers deceive the purblind public. Doubtless there will be some surprises when the facts come to light, and some astonishment on the part of the people at their own amazing gullibility. Every physician and every intelligent layman should give his hearty support to this movement, which really promises much. In no field of human endeavor can the people at large be more benefited than along this particular line. The newspapers, which are forever prating of conscientiousness and of highmindedness in public affairs, should be made to take a little of their own medicine. As *Collier's* aptly expresses it: "It sounds high-minded for journalism to bark ferociously against the reign of graft in politics or in high finance, but it can practice a little real reform, if it chooses, by cancelling some of the most profitable results of its own limberness of conscience. Reform would have greater permanence and value if it sometimes began at home. Hypocrisy is no foundation for spiritual improvement. Newspapers will more successfully reform the world when they have turned against those species of graft which are of peculiar profit to themselves."—*Editorial in Medical Visitor*.

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H. Jarecky, in the *Medical Record*, lays emphasis on the necessity of paying attention to the removal of hypertrophied tonsils, adenoid vegetations, and nasal obstructions in all of our little patients, so that when subjected to the strain of scarlet fever they may avoid the principal method of ear infection. Owing to the rapidity with which destruction of aural tissue and extension of infection take place in this disease, as soon as the tympanum shows signs of exudation and the membrane of bulging, a paracentesis should be immediately performed. Repeated examinations of the ear, especially in infants and children, should be made on account of the uncertainty of the symptoms. The symptoms, diagnosis, and treatment of the various aural complications of scarlatina are taken up in order and described in detail.

### MODERN ECLECTICISM.

Why is it that the young graduate of the Eclectic school of medicine has so much better success in the sick-room than the young graduate of other schools? It is *not* because he is endowed with a brighter mind. It is *not* because he is more popular personally than his oftentimes senior competitor. It is *not* because his early educational advantages more thoroughly prepare him for this special work, for many of our men have been embarrassed for the lack of early training.

Then what is the cause? Drugs used and their application.

The well versed young Eclectic studies his patients as the business man does his problems. He insists on using the very best drugs obtainable, and he applies them specifically, not at a named disease — because many times the nomenclature of the disease is unknown from lack of development of prominent symptoms of this named disease — but to the special pathological condition evidenced by certain well defined indications that he has learned to recognize by close study. He has learned that certain remedies are very closely associated with certain diseased conditions, and to relieve the diseased condition present we have but to give the remedy indicated.

I have often been asked the question by friends of other clinics. Can't any physician practice Eclecticism in modern form with very little preparation? If the main difference in the systems in vogue in practicing medicine is in drugs and their application, can't I learn the manner of application in a few days or weeks?

No. Not any more than a street-car motorman can run a locomotive.

Not any more than a druggist can practice medicine.

Not any more than a good vocal singer can perform on an instrument.

The physician of any other school than Eclectic can not practice Eclecticism by simply using the Eclectic remedies.

You must have an Eclectic gun along with its ammunition. Your firing must be directed in a different way. You don't shoot at named disease, but diseased conditions manifested by symptoms. The symptoms are not the disease, but they bear the same relation to the disease that the *sight* on your gun bears to the *game*.

Then for you to be successful as Eclectics (the most successful), it is necessary for you to have an Eclectic gun (attend four full terms in Eclectic college), Eclectic ammunition, (good drugs, pure drugs,) Eclectic bead or sights (understand disease expres-

sions manifested by symptoms when you see them). Then, and not till then, will you see the great advantages that our young men possess over those of the other schools, and the secret of their success. Then, and not till then, will you be prepared to practice Modern Eclecticism.—*Editorial in Modern Eclecticism.*

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### COMBINATIONS.

Some time ago Professor Durham wrote in this journal that all doctors had their combinations, which is true. While specific medication prefers a single remedy when possible (not always possible), it does not discard simple combinations. These combinations should be of synergistic agents, or of agents whose forces do not antagonize.

If the special pathology of a disease had but a single element, of course there would be no necessity of a combination of remedial forces. If a primal pathologic wrong can be identified, the remedy it demands would be sufficient for a cure; for in removing that, its dependencies would naturally disappear. Under such a resume the practice of medicine would be simplified. But unfortunately that does not obtain in every case. Hence, remedies in combination or in alternation become imperative in numerous instances.

The flushed face, bright eyes, contracted pupils, and excitation, call for sp. Gelsemium. That is true; but associated with the Gelsemium call is, many times, a full, frequent, bounding pulse. What for that? Leave it alone to the Gelsemium? No. We combine with the Gelsemium sp. Veratrum. Suppose (and it is sometimes the case) that general muscular aching is present. What then? Would you depend upon the Gelsemium and Veratrum? Certainly we would add sp. Macrotys — combine it, if you please, with the other two. No other indications being present, we would here rest our case. If other indications existed, we would administer the required remedy or remedies. Now of course our patient improves—gets well. What relieved him? Gelsemium, Macrotys, and Veratrum. Which one of them? Why, my dear sir, all of them. Each remedy filled its place, and not being antagonistic, they were given in simple combination.

Again, take the second stage of pneumonia as a further illustration. We give a common case many times prototyped here. Let us build a treatment common to this climate. The small, frequent pulse, sp. Aconite, adult dose 10 drops to 4 oz. of water, teaspoonful every hour. But tissue consolidation and pleuritic stitch exist, hence to the Aconite mixture is added sp. Bryonia



drops 10. But there is abundant expectoration, so to Aconite-Bryonia combination is added sp. Ipecac drops 10. In addition to the profuse expectoration a pain extends from shoulder to occiput, and to the Aconite-Bryonia-Ipecac mixture sp. Sticta drops 15 is added. For other conditions the indicated remedies are prescribed. The case recovers. Which remedy did the work? I answer, each one did its part. Each remedy performed its work in the process of cure — met the condition of disease against which it was arrayed. Brother Specific Medicationist, do you object? If so, raise your hand. Combinations are not discarded by specific practice.

In chronic diseases, every doctor of success has his combinations. Of course, for any condition of disease that a single remedy will meet, the specific man will gladly apply it. Chronic diseases, like acute diseases, are not always met by a single remedy, but by combinations of remedies. Of course the specific man makes up his combinations similarly to his procedures in acute diseases. He has indications for giving the single remedy, the combination, or the compound.

I reiterate, that specific medication, in both acute and chronic diseases, prefers when possible to use the single remedy, but, since such is not always possible, it does not discard combinations, as previously illustrated. It opposes random treatment, whether with a single remedy, a combination, or a compound.—*B. L. Simmons, in Modern Eclecticism.*

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#### TREATMENT OF INFANTILE ECZEMA.

Dr. G. Clenet considers this a form of auto-intoxication due to disordered digestive action, and consequently the first indication is to attempt to regulate the gastro-intestinal tract. If the child is breast fed, feedings should be at definite times and for a definite period. Bottle-fed children should be given properly modified milk. Older children should be fed chiefly on milk, with a limited amount of eggs and vegetables. If any meat is given, white meat is to be preferred. No tea, coffee or alcohol should be allowed. The bowels must be kept regular. Arthritic infants should be given alkalies; scrofulous ones cod-liver oil, iron, or calcium glycerophosphate. In the sluggish eczema of children over five years, arsenic may be administered. In cases which resist dietetic and internal treatment local applications are necessary. First, the skin must be made

as aseptic as possible by means of mild and non-irritating antiseptics or preferably by boiled water. The affected parts should be washed with cotton swabs—which must be thrown away after once being used—dipped in the solution. This is to be done several times a day and is to be followed by a dressing. If crusts are present they may be loosened by a poultice of potato starch, and later, if the area is not large, powders should be applied. On the scalp sterile oil containing a little salicylic acid is useful. Bathing is usually contra-indicated. Before using ointments, powders and solutions should be tried, and when these latter have initiated the treatment, ointment of salicylic acid, sulphur, tar, or oil of cade is indicated. In oily and impetigenous eczemas, dressings of silver nitrate have a favorable action; later tar or salicylic acid should be used. Finally in children who resist the above treatments, weak pastes of pyrogallic or chrysophanic acid may be used.—*Revue Francaise de Medicine et de Chirurgie*.

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#### OUR BREAKFAST BEVERAGE.

If one were to believe the rubbish put out in the way of advertisements by preparations which claim to be perfect substitutes for coffee and tea, especially the former, he would be easily deluded indeed, and deprived of a great luxury. It is said that most of these substitutes contain some coffee. True, there are some who cannot indulge in coffee, but to a great majority it is not only harmless, but healthful.

Each of our commoner breakfast beverages, tea, coffee, and cocoa, presents sundry relative advantages and disadvantages, which have been well established by scientific experiments and general experience, and which are qualities that may assume a special importance in certain conditions of health, habit, occupation, climate, and disease. A warm infusion of tea has been proved to have a marked stimulant and restorative action upon the brain and nervous system and this effect is not followed by any secondary depression. It further increases the action of the skin, and raises the pulse, while it has but little effect upon urination, excepting simply as a watery diuretic. It tends to lessen the action of the bowels. Parkes found that tea is most useful as an article of diet for soldiers. The hot infusion is a potent protective against extremes both of heat and of cold, and Sir Ronald Martin proved it to be particularly valuable in great fatigue, especially in hot climates. Coffee, like tea, when used as an article of diet, especially affects the nervous system.

It is a brain- and nerve-stimulant; in very large doses it produces tremors. It increases the action of the skin, and it appears to have a special power in augmenting the urinary water. It increases both the force and frequency of the pulse. Unlike tea, it tends to increase the action of the bowels. Coffee has been proved to be an important article in a soldier's dietary, as a stimulant and restorative. Like tea, it acts as a nerve-excitant, without producing subsequent depression. It is serviceable against excessive variations of cold and heat, and its efficacy in these respects has been established in antarctic expeditions, as well as in India and other hot climates. Parkes pointed out that coffee has a special recommendation in its protective influence against malaria. While admitting that the evidence on this point was not strong, he held it to be sufficient to authorize the large use of coffee in malarious districts. Coffee should be used as an infusion. If coffee be boiled, its delicate aroma is dissipated. The theobromin of cocoa is, chemically, identical with the thein of tea and the caffen of coffee. While tea and coffee are comparatively valueless as true foods, cocoa, by reason of the large quantity of fatty and albuminoid substances it contains, is very nourishing, and is of high dietetic value as a tissue-forming food. Compared with tea and coffee, it is a food rather than a stimulant, being akin to milk in its composition and place in the diet-scale. It is useful to sustain the weakly and to support the strong in great exertion, as a readily assimilable and general form of nourishment.—*Editorial Mass. Med. Journal.*

#### ICHTHYOL IN TUBERCULOSIS LYMPH NODES.

Dr. Walker Overend says that he has administered ichthyol with benefit in many instances where suppuration seemed imminent or has already taken place. It has also been recommended in pulmonary phthisis when the cavities have become *aeptic*, on account of the fact that it favors the process of desiccation. The above considerations led him to give it a trial in the treatment of the enlarged tuberculous lymph nodes in children. In a child eight years of age, after an attack of influenza, a large mass, which reached the size of a walnut, formed on each side of the trapezius, and appeared to be on the point of suppuration. There was some difficulty, however, in the exhibition of the drug. Children, as a rule, will neither take pills nor capsules, but they will readily take tablets when made thin and rather smaller than the ordinary size. Tablets of ferrichthyol, each containing one and one-half grains

of ichthyol, combined with iron carbonate or reduced iron, were given three times a day after meals. After four days the nodes began to diminish; in a fortnight the enlargements had vanished. The effect of each tablet was shown by a lowering of the temperature.

In a boy five years of age, sent to the seaside with a very large tuberculous lump beneath the jaw, perfect resolution was accomplished after a month's trial of the drug, and the question of surgical interference was dismissed after the first fortnight. The treatment was supplemented by an open-air life and an appropriate diet, in which meat, milk and eggs, with stimulant, were essentials. The effect, however, is much more marked if the nodes have only recently enlarged.

At times old tuberculous nodes are liable to suppurate and to discharge for weeks; ichthyol often checks the secretion and closes the sore.—*Archives of Pediatrics*

### SURGICAL SUGGESTIONS.

A fracture produced by only slight violence should at once raise the suspicion of a malignant growth. In such a case a uniform dark shadow about the bone, as seen in the fluoroscope, is to be interpreted as a neoplasm rather than as callus, for recent callus is not opaque to the X-rays.

In the treatment of fractures of the fore arm, no consideration is more important than the avoidance of contractures of the fingers, by the intelligent use of splints and by means of early, active and passive movements.

Involuntary urination very often means a distended bladder, and in old men it should at once indicate an examination into the condition of the prostate. Vomiting, too, is often caused by distention of the bladder.

In the presence of anemia or of faintness, without other apparent cause, inquire concerning the passage of black stools. The condition may result from hemorrhages due to an ulcer, or neoplasm of the small intestine.

Inflamed areas and abscesses about the knees of creeping infants should be examined for foreign bodies.

An amputation for malignant ulceration should not be performed until the possibility of its being merely a broken-down gumma has been satisfactorily excluded.

After circumcision it is important to prevent adhesion of the reflected mucous fold of the prepuce to the corona glandis by the daily passage of a probe about the corona, and by the use of vaseline.

## Eclectic Medical Journal.

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JOHN E. SCUDDER, M. D. MANAGING EDITOR.

ASSISTED BY THE FACULTY OF THE ECLECTIC MEDICAL INSTITUTE

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### PATENT MEDICINE CRUSADE.

*Collier's Weekly*, *The Ladies' Home Journal* and several other publications have of late been conducting a vigorous campaign against certain patent medicines. *Collier's Weekly* alleges, strongly supported by evidence, that the leading daily papers and the religious press are largely responsible for the enormous sale of the many *nostrums* now on the market.

*The Ladies' Home Journal*, in the September issue, has a silent pictorial page of cartoons needing no comment.

The first cartoon gives a testimonial of a Southern Congressman commending a much advertised "tonic," which is used as a "beverage" in prohibition sections. By its side is given a *fac-simile* of a letter in which the Congressman denies the testimonial in strong language.

The next shows a photograph of a portion of an advertisement in which it is alleged that a certain noted woman doctor in Massachusetts reads and answers personally all "ladies'" correspondence addressed to her. By its side is a picture of a monument in Lynn, Mass., showing by its date that the aforesaid doctor has been buried twenty-two years.

Another cartoon is a reproduction of the English label of a much vaunted soothing syrup, containing a "moderate amount of morphine." It is marked *Poison*, which is necessary under the regulations of the English Pharmacy Act. It would indeed be well if this country, which is affected frequently with too much law, had more stringent enforcement of the laws regulating these matters.

We do not wish to be considered as assailing patent medicines or home medicines indiscriminately, but the extravagant pretenses and claims for some of them are beyond reason, and the amount of damage done by the poor whisky and by the poisonous medi-

cines that some of them carry, and which leads to incurable "drug habits," is, in our opinion, incalculable.

The postoffice authorities are beginning to warn certain medical advertisers that they must modify some of their many extravagant claims, or be debarred from the use of the mails, and now the Internal Revenue Department follows suit, as indicated in the following dispatch:

"WASHINGTON, Sept. 14—The Commissioner of Internal Revenue to-day rendered a decision that will seriously affect a number of patent medicines composed largely of distilled liquors. He has reversed a ruling of his department made many years ago, and now decides that the manufacturers of these medicines must take out licenses as rectifiers and liquor dealers, and that druggists and others handling them will have to pay the usual retail liquor dealers' license. The Commissioner, in a letter of instruction to collectors of internal revenue, says that there are a number of compounds on the market, going under the names of medicines, that are composed chiefly of distilled spirits, without the addition of drugs or medicines in sufficient quantity to change materially the character of the whisky. He authorizes collectors to impose the special tax upon manufacturers of every compound composed of distilled spirits, even though drugs are declared to have been added thereto, when their presence is not discoverable by chemical analysis, or it is found that the quantity of drugs in the preparation is so small that it has no appreciable effect upon the liquor."

SCUDDER.

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### A LITTLE GLYCERIN.

As concerns this title we can say that it chanced to be our lot to be close to the man who in this country was possibly the most enthusiastic of any man in behalf of glycerin. Take down your Proceedings of the American Pharmaceutical Association, 1864, and find therein his paper, entitled "Glycerin—Its Mission." The author of that paper first made glycerin in the Middle West, and, although his idol has been shattered in some places, to-day he manufactures glycerin in quantities, of a quality he could not then, when it sold at two dollars a pound, presume to reach. He has seen its use increase enormously beyond the utmost anticipations of one even as enthusiastic as was himself nearly half a century ago; and yet, the facts are, in the direction that it was most consumed in that day and most favorably anticipated for the future, glycerin has largely passed out of use.

We remember how, as with the enthusiasm of men concerning the possibilities of all new substances, glycerin was taken hold of by the pharmacist and by the physician, and, to an extent, sac-

rificed by over-praise in the house of its friends. It was thought to be medicinally nutritive and alterative. It was anticipated that it would take the place of cod-liver oil and other unpleasant remedies employed in consumption. Great virtues were claimed for it in cough, and as a soothing remedy. In pharmacy, the glycerole of hypophosphites and such were said never to disagree with the most delicate of stomachs, as sugar is likely to do. Syrup of iodide of iron and other syrups prepared with it, in the place of syrup, was commended. Its preservative and solvent properties were highly spoken of instead of sugar for the making of syrup of ipecac, senna, etc. Its external use in medicine was not less Utopian. Thousands of bottles were sold by druggists for chapped skin, excoriated surfaces, sore nipples, skin diseases, ulcers of various kinds, etc. It was recommended for deep abscesses, for diseased bones, and to replace other solvents as a vehicle in the applying of iodine and its salts. It was recommended to be used in cerates and in ointments for the preparation of liquid lactucarium, and for the making of many medicinal glyceroles, and, combined with starch, as a substitute for plasters. It was expected that the whole line of vegetable extracts would be made of glycerin instead of alcohol and water, and in the fluid extracts, then becoming popular, it was freely asserted that it would replace alcohol, sugar and water.

These are but a few of the claims enthusiastically made in behalf of glycerin, at a date that is within the memory of some of our readers, but which, to the majority, must seem too Utopian for belief. Not that glycerin does not possess qualities that make it useful, but that, having settled itself down to its proper place in pharmacy and medicine, the novelty of its introduction has long since worn off, and the anticipations based upon a few of its excellent qualities no longer are bases for speculative enthusiasm.

The fact is, in some directions glycerin is invaluable. No other menstruum approaches it. It possesses certain qualities equaled by none other. It is neither inflammable under ordinary conditions, nor is it volatile. It possesses neither intoxicating nor narcotic qualities. It neither freezes in the winter nor ferments in the summer. It is an invaluable solvent in the places it is fitted to occupy, but these positions in pharmacy are restricted. In opposition to its good qualities as a menstruum, it is by nature antagonistic to the more universal solvent, alcohol, for a great list of plant constituents soluble in alcohol, and preserved indefinitely by alcohol when in solution, are not only not dissolved by glycerin, but are actually thrown from solution, if glycerin be in excessive

amounts. Take your Pharmacopoeia of 1870, and note the craze that led to the introduction of glycerin into the liquids thereof. Without reason were these preparations, made in the day when glycerin was at the height of its glory as a fad.

To-day we find that glycerin in the preparations of the Pharmacopoeia has been critically relegated to the rear, as it rightfully should be. It is not a solvent for salts and fats, for the vegetable compounds and structures in which they take a part, nor, indeed, is it a good extractive agent for the majority of the alkaloidal salts, and the glycosides, and the inorganic compounds that exist in plant structures. Hence, as the majority of drugs embrace in their structures a medley in which such substances as these take an important part, glycerin becomes too often a natural *excluder*, instead of a natural *dissolver*, and glycerin, therefore, should have no part in such preparations.

But "*a little glycerin*" has a place where the tannates are found. Drugs carrying the red tannates especially, and the astringent constituents of roots and barks and seeds partaking thereof for their qualities, are dissolved by glycerin. These preparations are, however, few comparatively, and hence glycerin as a menstruum has a minor place in plant pharmacy. *Mangifera indica*, *stillingia*, *iris versicolor*, *gossypium*, *geranium*, and the like — for these glycerin is invaluable. In some cases just a little glycerin will answer the purpose. With others, as with *mangifera indica*, a preparation needs be half glycerin. But, excepting in the limited class to which we have referred, we believe that glycerin, as a solvent, is overestimated, if it should be considered at all.

Turn now to medicine. In the multitude of affections, skin and throat and lung diseases, in which, in 1864, glycerin was commended with such anticipatory enthusiasm, physicians no longer consider glycerin as a medicinal factor, excepting as a carrier of a few external remedies, as the glycerole of tar and such, in which it receives from physicians a little attention.

And yet, as we have said, glycerin is now used in enormous amounts, as contrasted with its uses in the height of its speculative popularity. In the arts and in the industries, in the manufacture of explosives, as a diluent of remedies where alcohol is inadmissible, or where prejudice prevents the using of alcohol (perhaps to the injury of the preparation), glycerin is employed in quantities that almost stagger one who thinks of the fact that, scarcely half a century ago, it was a chemical novelty, mentioned only in chemical technical works, seen by but a few, scarcely found



in a pharmacy, never in a doctor's office, its very name being so mispronounced by those who attempted to pronounce it as to make it ludicrous, should such pronunciation be to-day employed.

LLOYD.

### A SERIOUS GAP.

"I think it can be truly said that, as a rule, the most serious gap that is left in a modern medical education is the insufficient knowledge gained by medical students of such an important subject as *materia medica*. It seems most deplorable to think of it, but there are instances where classes have graduated from supposedly first-class medical colleges without having received any course in *materia medica* at all. \* \* \* Considering the poor courses generally given in this subject, I think that often the best reason why so many doctors do not get good results is because they do not understand their drugs well enough."—A. S. Muscante in *Monthly Mag. Phar. Chem. and Med.*, London, June, 1905.

"Prof. Ernest Schweninger, leading physician of the great district hospital of Gross Lichterfelde, near Berlin, refers in his annual report to the subject of modern surgery in a manner which has created a sensation, both in the medical profession and among the public. Prof. Schweninger, who is better known to the world as Prince Bismark's medical adviser, defends himself against the reproach that too few operations are performed in the hospital under his charge. He says that recourse is had to operations far too frequently nowadays. One disease after another is handed over to operative technique, and the way in which the physician is pushed to one side by the surgical handicraftsman does not seem to him right. Surgery which sees nothing and knows nothing outside its own narrowly-staked-out province, forgets too often that other ways also lead to the goal."—*Monthly Mag. Phar. Chem. and Med.*, London.

The above extracts bear testimony to what I have said in a former article. It is a fact that, in colleges of the dominant school, medicine is not given a prominent place. *Materia medica* is practically untaught and the practice of medicine is relegated to a position of minor importance, while surgery is constantly kept in the halo of the footlights. Students are graduated from the so-called foremost colleges without knowledge of drugs, and are sent out with a degree of Doctor of Medicine practically unprepared to administer to the sick. The public does not know this, however. It is the usual custom for lecturers in such institutions to impress upon their classes their own lack of faith in medical practice, and the students go forth with the understanding that medicines will accomplish little, if anything, towards relieving the ills to be met with in practice. In addition to this, the student is

made to believe that surgery is the supreme element in the practice of his profession, hence the tendency to wield the scalpel on every occasion without considering whether other means might not be of more advantage to the patient and much less dangerous to life. Many go out from college unprepared for discriminative practice. They lack anatomical knowledge sufficient to perform good surgery, yet attempt operations which place in jeopardy the lives of their patients. I have the utmost respect for the competent, conscientious surgeon. I have nothing but censure for the incompetent dabblers in human blood.

In an article a few months ago, I had occasion to say that the reason so many worthless drugs are to be found on the market is because doctors, knowing little about drug properties or drug effects, do not demand worthy drugs. Having been instructed in the class-room to consider drugs as of little value in the treatment of the sick, the student goes into practice indifferent as to kind or quality of drugs.

It is an erroneous idea that drugs, to accomplish anything, must be administered in doses sufficiently large to produce an instant and appreciable effect, *i. e.*, the effect shall be so pronounced as to cause a severe physiological shock, or may be pathological state of the organism. Otherwise, medicine is supposed to do no good. This practice of the past and largely of the present is an assault on physiological function which must be detrimental to the sick. Out of this false conception as to results to be obtained by the administration of remedies has grown the unbelief in the virtue of drugs and medicines.

Springing from soil made rich by decaying ideas in medical practice is the fungus, serum-therapy. The last few years has witnessed a mad hunt for something, or anything, to take the place of sensible, legitimate administration of medicines, with the result that bacteriology has developed rapidly. Following close on the heels of the microscope came the hypodermic syringe, loaded with every kind of serum, all of which is due to a lack of knowledge of drugs, and a determination not to learn from those who do know.

It is a fact that the only colleges which teach the virtue of drugs, that really teach *materia medica*, are the Eclectic. Eclectics believe in *materia medica*, and so well are they grounded in the work, and so fully have they been convinced by results,—results, mind you,—that once having learned their lesson, no power on earth can shake their faith. By the action of drugs specifically applied their virtues are known, and by their works

shall all things be judged. The man who has no faith in medicine, or having had, loses it, never was born of the spirit.

The advice, then, to the student about to enter medical college is, go where they teach *materia medica*, knowing medicines; where you can learn the properties of drugs and their specific application to disease conditions; and should you happen unwittingly to enter an institution where they claim to teach medicine and do not, let the dust of that college be shaken from your feet. Search till you find one where medicine is taught. STEPHENS.

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### THE WALCHER POSTURE.

Tardy, protracted or difficult labor in the second stage is always alarming, if not to say dangerous, and must receive prompt relief, or exhaustion will soon follow. Cases where the head will not engage are the most trying as well as most difficult to remedy. The cause, under such circumstances, is usually some degree of disproportion between the child's head and its relation to the pelvic diameters; either the diameters of the head are in excess or those of the pelvis abbreviated. As is the condition, so the treatment likewise is usually mechanical; the forceps are probably resorted to in most instances. The head being above the brim, however, and not having engaged, it will be found an uncertain procedure to aid matters with the long forceps; the difficulty and unsatisfactory outcome is owing to an inability to properly adjust them to the head. Even though one may succeed in the application, etc., the disproportion is frequently too marked to permit of delivery.

In other cases version is thought of, sometimes in the beginning; in other cases as a final alternative, after having exhausted all hope of relief by forceps, version promises but little, if any, better results than the forceps, and usually leaves the mother in a state of greater exhaustion. Under such circumstances, therefore, many times, in an effort to spare the mother's life, one is driven to craniotomy — the sacrifice of the child. In view of these facts we desire to call attention to what is known as Walcher's posture, or position. Not that it will prove successful in every case, for it will not; but as a means worthy of trial, especially after attempts along other lines have failed, and before resorting to the perforator. In this treatment a kitchen table should be pressed into service, upon which the patient is placed, the hips even with or a little over the edge, allowing the legs to drop down dependent. A folded comfort may be placed under the

shoulders and body as far as the pelvis. Walcher and Klein declare that by thus raising the buttocks and letting the limbs hang down as much as possible, the conjugate diameter is lengthened by almost a centimeter. It is also claimed that in unetherized patients this position causes an immediate increase in the severity and regularity of the labor pains.

This procedure surely has much to commend and nothing to condemn it, and should be kept in mind as worth a trial in the event one's obstetrical experience brings him in contact with cases similar to those in question.

WINTERMUTE.

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### LET THEM RIP—KILLED BY MILK.

The long procession on its way to the cemetery with the bodies of the small and dead second-summer children was as large and numerous as usual during the passed summer and autumn. The majority of these victims were bottle-fed infants. There was given nourishment in the form of milk, and, for the most part, it was unsterilized, unpasteurized milk. The depth of guilt this generation will have to answer for by attempting to nourish infants with a food unfit for any living thing is great.

"Poisoned by milk" would be a fitting statement to place upon the headstones over these little graves. Oh, yes! Let us spend thousands of dollars in search of the microbe of cholera infantum, and establish laboratories devoted to the study of "conditions," but still continue to poison the children with milk. Milk in its natural state always contains bacteria, and so "the commission appointed by the Medical Society of the County of New York to aid in improving the milk supply has tentatively fixed upon a maximum of thirty thousand germs to the cubic centimeter of milk, which must not be exceeded." Certainly thirty thousand is enough to begin on. There is no better culture ground for bacteria than milk after it has entered the infant's stomach, for the hydrochloric acid functions of the stomach have not yet developed, and there is nothing to deter germ growth; therefore, according to Freudenreich, these thirty thousand will increase to fifty millions in twenty-four hours. But in order to secure milk with only thirty thousand bacteria to the cubic centimeter, certain precautions are necessary:

First, cows, milkers and barns must be scrupulously clean. Second, the containers must be sterilized, steamed and disinfected. Third, the milk must, immediately after milking, be cooled to 50°, and kept thus until used. The above conditions may be possible

if one can constantly stand over the dairyman with a club; but, in fact, these requirements are rarely fulfilled, even in cities, where milk commissions are active, and probably never carried out in the smaller cities and towns.

It is not strange that evil results follow the use of milk from dirty cows, covered with stable manure, which imparts its odor to the fluid — milk drawn from the udders by dirty hands, also "smelly" with stable odors, in barns shoe-deep with stable filth. This same milk is poured into cans never steamed, never sterilized, but rinsed at a well adjacent to the stable, into which there is a continual dripping of liquid stable manure. Cooling to 50° is never attempted, for chemicals will prevent souring until the milk is sold, and also *prevent digestion* afterwards. But with blind faith the mother conscientiously proceeds to poison her infant, and when it does not thrive, she increases the amount of milk, thus ignorantly hastening the end. WATKINS.

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### MANAGEMENT OF THE ACUTE INSANE,

Mental diseases have been recognized since the earliest civilization, and for the past five hundred years enlightened nations have built institutions and given custodial care to the insane. Now every State in the civilized world offers care to its mentally afflicted population.

No other country does so much as America for its afflicted. Here every State has from one to a dozen magnificent and well equipped asylums filled with patients. A great majority can never recover, and must remain there for life and receive the custodial care of the State.

In years past the insane and the severely injured who needed immediate surgical care were taken to a hospital, but in recent years the hospital idea has grown. It is found that acute diseases of all kinds are well treated and cared for in hospitals. It is now quite the proper thing to go to a hospital for treatment. Hospitals and sanitariums have multiplied. Even small cities have one or more institutions for the care of the sick, and all are kept filled with patients.

With the many equipments and modern hospital methods comes a demand for increased individual care of the acute insane, especially for the first few months. The advanced idea is small private sanitariums for the acute insane. Large State hospitals for the chronic cases at public expense.

The physician in a sanitarium has more time to study each

patient's needs and to reason with them about their delusions and beliefs. Each patient receives more individual attention from the attendants, thus giving the advantage to the patient of only a small number together, and of more home-like surroundings.

With many people the error of using deception with insane patients has become common, and should be corrected. The great majority think the insane do not know, and associate the idea of insanity with unconsciousness, and without reasoning on the ability of the receptive faculties of the patient, resort to deception and falsehood, when honesty and full confidence would do much better.

The mentally diseased may be either excited or depressed, and not care to answer questions readily, or they may be controlled by delusions. But whatever the mental state, a very large per cent. retain most of their mental faculties, and detect deception as well as they ever could, and any breach of confidence leads to distrust of family and friends, and is the direct cause of much of the trouble met with in the care of acute insane.

The better method is to explain everything and give full confidence on every subject they wish to discuss, and a reason for every action or request the attendant makes. Use them as if sane, and allow their weakened intellect to grasp as much of the meaning of things as possible. This course will retain their confidence and render the control and care of such patients much easier.

BISHOP McMILLEN.

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#### DUBITO ERGO COGITO.

Lately there came into my hands the strangest case I ever undertook to manage. A lady called at my office to consult me about the condition of her husband, who is a lawyer. I saw immediately that she was no ordinary woman, for her manner and language discovered that intellectual culture which pertains to only the few. In our conversation it developed that her husband was both a university and theological seminary graduate. He had been fitting himself for the Presbyterian ministry, but by the time he got through he was spoiled for the pulpit. The rigor of an irrepressible logic had deflected him hopelessly from orthodox security. He had become an infidel! To the wife — sensible enough in other respects — this seemed an appalling calamity. Not necessarily because he had put himself out of relation with a fixed and central truth — she explained self-vindicatorily — but because he had lost that anchorage which prevents *excessive* thinking. He

had thought himself into a tangle about the true sphere and scope of Doubt. He would walk the floor of his study by the hour, repeating certain phrases or sentences which were not in congruous relation with straight sanity. In a word, he had become a monomaniac in reference to the exclusions and inclusions of Doubt. What his peculiar illusory twists were will become evident to the reader after reading my logical corrective, *i. e.*, my prescription. Here is the prescription I gave her:

R—

It was the purpose of Descartes to axiomatically confirm the fact that we think. The inverse order of the words was in conformity with the philosophic mode of statement at the time. It gives it the *appearance* of positing doubt's precedence of thought, though, as it stands, it does exactly the reverse. Because we think, we doubt, would have been less ambiguous.

Doubt, therefore, is not original, and does not arise *de novo*. Doubt is an interrogative response to a hidden answer. It is, therefore, *involuntary*. Doubt is the consequence (effect) of an extrapersonal cause — the hidden answer — therefore you do not will to doubt. If you doubt, then it is a *fact* that you doubt. You are cognizant of this fact; otherwise you do *not* doubt. If you *know* that you doubt, then it is impossible for you to doubt that you doubt. You, personally, are not responsible for the doubt, for your relation to its cause is secondary. The source of things projects doubt through you, but the cosmos does not doubt, since it holds the answer to the question involved in the doubt. To the cosmos in *totality* there is no doubt; to its *parts* there are doubts. The *parts* question each other and the totality. The whole is beyond question or doubt possibility. The whole is the *sum* of all questions and answers. Study this and you will find the tangle shaken out.

The husband, being a hard thinker, took his medicine without prejudice or *doubt*, and was cured. This is the truth, not a fancy sketch.

COOPER.

### EUPATORIUM PURPUREUM.

The Eupatorium purpureum belongs to the Nat. Ord. Compositæ. It is a native of the Northern, Middle and Western States; being found in low places, woods and meadows. It is quite common, and is variously known as queen of the meadow, which is probably its most common name; Joe Pye weed, trumpet weed, purple boneset, and gravel-weed or root. The part used is the root.

It has ascribed to it diuretic, tonic, stimulant and astringent properties. Its positive action is no doubt upon the urinary organs, as an antilithic, from which action it no doubt derives its common name, gravel-root.

Its action in urinary affections is well authenticated, and it is recommended in painful and irritable affections of the urinary tract, whether acute or chronic. Especially is it valuable in that condition known as gravel. We have used it with success in irritation of the bladder, attended with an enlarged prostate. Goss claims its most positive diuretic action is obtained by using the drug in the fresh state. We know this to be true, having obtained the best action by using the decoction of the fresh root.

It is of value in irritable bladder attending pregnancy; also in the same condition when accompanying displacements and chronic inflammation of the uterus.

It is claimed to have remedial value in diabetes insipidus and in incontinence of urine in children and in dysuria. Hale and Ellingwood recommend it in the latter conditions. It is said to possess value in sterility, habitual abortion, abortion, amenorrhea and dysmenorrhea. In these conditions we have had no personal experience with the remedy. We fancy its virtues in this line of ailments is due to its tonic properties, which is possessed in common by this very large order of plants, comprising as it does nearly one-tenth of the flowering plants of the world.

Our personal experience with the drug is confined to its diuretic action.

The specific indications calling for this remedy are: Vesical irritation, incontinence of urine. Painful urination, urine at times bloody and mixed with mucus. Pain in the region of the kidneys, extending to the bladder; pain and burning in the urethra when voiding urine. Uric acid diathesis.

Dose: Sp. Eupatorium, 5 to 30 minims.

Decoction, wineglassful.

MUNDY.

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### ABUSE OF CATHARTICS.

In a report on the treatment of typhoid fever, in Professor Osler's clinic in The Johns-Hopkins Hospital, among other items of interest we note the following:

"No purgative is employed during the febrile period, *a state of constipation being considered desirable.*"

The italics are ours, as we desire not only to call attention to a statement so opposed to prevailing sentiment, but to emphasize the satisfaction it gives to have the conclusions reached by one's own experience and observation confirmed by such high authority.



Now, if it could in some way be borne in on the general medical mind that a state of constipation is also desirable in pneumonia and appendicitis, to say nothing of other grave disorders, and practitioners could be persuaded to cease interfering with a condition that is desirable, statistics would soon be produced that would convince the most skeptical that the patient's chances are improved instead of made worse by the treatment. Up to the present time the proof of the value of medical attendance and treatment has not been as conclusive as it might be; some additional affirmative evidence is highly desirable. CHURCH.

### ASCLEPIAS TUBEROSA.

We use the root of the asclepias. The plant belongs to the Nat. Ord. Asclepiadacæ. It is indigenous to the United States. It is commonly known as pleurisy root, or butterfly weed. Analysis of the root has yielded two resins and a principle possessing the taste of the root. We use the specific asclepias. Asclepias is said to be diaphoretic, diuretic, laxative, tonic and expectorant. We use it for its diuretic and expectorant properties. Its specific indications are: Pulse strong, vibratile; skin moist; pain acute and seemingly dependent on motion. The skin may be hot and dry or inclined to moisture; the urine is scanty; the face flushed. Vascular excitement is marked in the parts supplied by the bronchial arterioles; inflammation of serous tissues; gastro-intestinal catarrhal troubles due to recent colds. As its name implies, it is the remedy for pleurisy. We have frequently—in fact, almost invariably—combined it with the specific bryonia in this disease. We use it for its diaphoretic effect. It is not a strong diaphoretic, but it stimulates the secretion and assists the sedative. It is what is frequently called a specific diaphoretic.

Asclepias is equally as valuable in intercostal neuralgia. In pneumonia and bronchitis it is a favorite remedy with me, especially in the acute stages of these diseases. It quiets vascular excitement, and can be profitably added to our sedative mixture. In acute catarrhal affections, as coryza or influenza, we esteem it highly, and nearly always combine it with the indicated sedative.

In the exanthematous fevers asclepias is, to our mind, one of the most efficient remedies. Its action on the skin favors the determination of the eruption to the surface; therefore it is of value when there is a tardy eruption or retrocession of the same. We almost invariably use it in scarlatina and measles, combining or alternating with it any other remedy that seems to be called for. As a cough remedy asclepias is of service in phthisis, or bronchitis, when the cough is associated with pain in the side, of a sharp, pleuritic character. We have used the remedy for years, and esteem it quite highly.

The dose is: Specific asclepias, dr j or dr ij to water oz iv. A teaspoonful of the mixture every hour or two.—*Mundy*.

# AKARALGIA

## A CURE FOR MIGRAINE.

"The keynote of success in the treatment of Migraine is in the *simplicity and palatability of effective medication*," and herein lies the great value of this formula, which enables one to treat effectively an essentially chronic condition, by giving a single dose of medicine in a day.

"I know," says the author, "that this prescription may be given for an indefinite length of time (years if necessary) without losing its therapeutic value, or producing disgust for it on the part of the patient. I have yet to find an adult patient who would not continue the taking of this medicine as long as I desired. This medicine, moreover, is not contra-indicated by any condition of the stomach. It is, in fact, one of the most valuable formulas I have found for the treatment of *chronic gastric catarrh* and *chronic ulcer* of the stomach. On the other hand, a 'bad stomach' is a further indication for its extended use. I wish especially to insist that the use of this formula will give better results than the separate use of the various medicines which it contains."

### FORMULA

#### Each dessertspoonful Contains:

R—Sodii sulphas, dry ) ..... 30 grains.  
Sodii salicylas (Merrell) ..... 10 grains.  
(From natural wintergreen oil.)  
Magnesi sulphas ..... 50 grains.  
Lithii benzoas ..... 5 grains.  
Tinctura nucis vomicae ..... 6 minims.

DOSE:—Acute attack—One dessert-spoonful dissolved in four ounces of water every two hours until relief is obtained.

Chronic condition—One dessert-spoonful every morning one-half hour or more before breakfast.

Bottle cap contains one dessert-spoonful.

### THERAPY

Sodium Salicylate—Merrell—from natural wintergreen oil, is the remedy par excellence of the prescription. It acts as an intestinal antiseptic, and increases functional activity of the liver.

Magnesium Sulphate is necessary to overcome the constipation present in nearly all cases. By its use we unload the portal circulation and eliminate the poisons through intestinal canal.

Sodium Sulphate acts very much in the same manner, with increased cholagogue action.

Lithium Benzoate is an intestinal antiseptic, and acts as an eliminator through the kidneys. Nux Vomica in small doses acts as a stomachic, improves the appetite and overcomes constipation from atony by stimulating peristalsis.

### Generally Prescribed, "AKARALGIA-1 BOT."

The Akaralgia formula is prepared exclusively for use under the physician's directions. Each package is marked, "To be dispensed on a physician's prescription with carton and label removed," and neither the bottle, cap, nor cork bears a distinctive mark. Pharmaceutically this formula is—Granular Effervescent Sodium Salicylate Compound—but for convenience in prescribing the preparation is called, Akaralgia. This name is also a protection against substitutes, and a guarantee to the physician and patient that the most important ingredient, Sodium Salicylate, is made from unadulterated natural wintergreen oil.

*The original paper, "A New Remedy and a Cure for Migraine," by*

*M. D., mailed upon request.*

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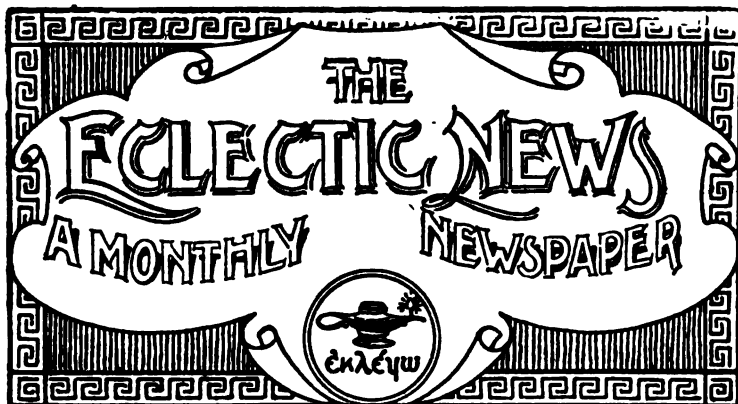
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VOL. X.

NOVEMBER, 1905.

NO. 11.

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## BOOK NOTICES.

**Modern Clinical Medicine.—Infectious Diseases.** Edited by J. C. Wilson, M. D. An authorized translation from "Die Deutsche Klinik," under the supervision of Julius L. Salinger, M. D. Cloth, \$8.00. New York: D. Appleton & Co.

I presume all are ready to admit that the Germans are the leaders in clinical medicine; and the announcement that a work on infectious diseases, by the most eminent clinician of the day, is now ready for distribution, will be good news to the profession at large. All that is necessary to say of this book is that each subject is written by one who may be considered as an authority. Such names as Klempers, Liebermeister, Erchorst, Loeffler, Jurgensen, Leyden, Bojensky, and a host of others, speak of the worth of the book—a work that the up-to-date physician should possess.

R. L. T.

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**Arizona Sketches.** By Joseph A. Munk, M. D. 8vo, cloth, 230 pages, with 98 half-tone illustrations. \$2.20 postpaid. The Grafton Press, publishers, New York.

This book was written by a graduate of the E. M. Institute, 1869. Now Dean of the Los Angeles Polyclinic, and assistant editor of Los Angeles Eclectic Medical Journal.

This exceptionally interesting volume will be a surprise to the average reader. Not many of us realize how many wonders there are within the confines of this portion of our country. The Grand Canon is fully covered in one chapter, and the scientific theories regarding its origin are sharply questioned, but a surprise is in store for the reader in the description of Meteorite Mountain, fully as marvelous as the Grand Canon and very little known.

In Arizona are the mysterious homes of the Cliff Dwellers, that prehistoric people who seem almost Egyptian in character. Mummies, pottery, and perfectly constructed buildings, utterly unlike

anything constructed by any of the Indian races, testify to their civilization. Then, as if to emphasize the diversities of this country, there are the haunts of the Moqui tribe, true aborigines, declining to mix with the whites, and still practising barbaric rites, like the snake dance, which is fully described in this volume.

An extended review, by Prof. Lloyd, can be found on page 575.

J. K. S.

**A Manual of Practical Hygiene** for Students, Physicians, and Medical Officers. By Chas. Harrington, M. D. Third revised and enlarged edition. \$4.25. Philadelphia, Lea Bros. & Co.

The subjects treated of are: Foods (223 pages), Air, The Soil, Water, Habitations, Schools, Disinfection and Disinfectants, Military Hygiene, Relation of Insects to Human Diseases, Hygiene of Occupation, Vital Statistics, Personal Hygiene, Infection, Susceptibility, Immunity, Vaccination and Smallpox.

Excellent as the first (1901) and the second editions were, this third edition commands our admiration and satisfaction more and more, because nothing is left out in it of what the busy, wide-awake practitioner and sanitarian needs of up-to-date information, who will not easily get it elsewhere.

J. K. S.

**The Diagnostics of Internal Medicine.** A Clinical Treatise upon the recognized Principles of Medical Diagnosis. Prepared for the use of students and practitioners of medicine. By G. R. Butler, M. D. Five colored plates, 288 illustrations. Second revised edition. 1168 pages, cloth, \$6.00. D. Appleton & Co., New York.

This book is a splendid compilation of all the clinical resources available to the physician in the examination of patients. With this volume at hand, the practitioner is so re-inforced with aids to diagnosis that he need not fear error. It is a large book, and leaves the reader with a feeling that every diagnostic test and procedure has been completely, lucidly, and carefully described. This treatise should be in the library of every practitioner of medicine.

L. W.

**The Principles and Practice of Medicine.** Designed for the use of Students and Practitioners of Medicine. By Wm. Osler, M. D. Sixth edition, thoroughly revised. D. Appleton & Co., New York. Price \$5.50.

The first thing that strikes the reviewer upon examining the new edition of Osler's Practice is the fact that the text has been re-arranged. The first 55 pages, instead of being devoted to a consideration of several of the infectious diseases, are now devoted to the diseases due to animal parasites, while the second section deals with infectious diseases. Immediately after this we find intoxications and sunstroke, then constitutional diseases, and in turn diseases of the various systems. It is interesting to note that malarial fever is now placed amongst the diseases due to animal parasites rather than among the infectious diseases. There can be no doubt of the theoretical correctness of such an arrange

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An external remedy for quick relief of pain.

**USES.**—In colds, croup, broncho-pulmonic troubles in general; in acute inflammations of the lung or soreness depending upon congestion; in superficial or deep-seated pains of a rheumatic, chronic, or acute form; in sore muscles and joints.

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A characteristic and comprehensive report is as follows:

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FIRST.—Asthmatic condition caused by cold.

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THIRD—Pain in abdomen."

—Dr. B. B. MORROW.

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*Echafolta Cream* will hereafter be furnished in this very convenient form instead of the old style jars and cans.

The advantages of *Collapsible Tubes* are apparent. Always clean, convenient, for either the office or pocket, readily manipulated, air tight, they permit every grain of the contents to be used. There is no waste, no greasy dirt, no loss of volatile constituent. *They can be cheaply sent by mail*. At present we offer at the following prices:

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ment. The rest of the volume shows careful revision, but many of the articles are not materially changed.

Criticisms of that portion of the work which is devoted to the treatment of disease could well be made, but, as is well known, Dr. Osler's book has always found its strength not in its therapeutics, but in its accurate and careful description of symptomatology and pathology. As such the volume stands to-day one of the classics in modern medical literature. J. K. S.

**American Edition of Nothnagel's Practice.**—Diseases of the Kidney, Diseases of the Spleen, and Hemorrhagic Diseases. By Drs. H. Senator and M. Litten, of Berlin. Edited, with additions, by B. Herrick, M. D. 816 pages octavo, illustrated. Philadelphia: W. B. Saunders & Co. Cloth, \$5.00 net.

Dr. Senator's article on the kidney, with the added notes by the editor, marks volume 11 as one of the most indispensable of the series. Prof. Litten, a pioneer in work on the spleen and hemorrhagic diseases, has brought to our attention the latest knowledge on these important subjects. Vol. 11 is one of the best in this excellent work. R. L. T.

**American Edition of Nothnagel's Practice.**—Malaria, Influenza, and Dengue. By Dr. J. Mannaberg, of Vienna, and Dr. O. Lichtenstern, of Cologne. Edited, with additions, by Ronald Ross, M. D., J. W. W. Stephens, M. D., and S. Grunbaum, M. D. 769 pages, octavo, illustrated. Philadelphia: W. B. Saunders & Co. Cloth, \$5.00 net.

A glance at the contents of Vol. X shows the exhaustive manner in which the subjects have been treated. The latest knowledge on this old subject, malaria, and the part the mosquito plays in its transmission, are presented by an authority. The articles on influenza and dengue are equally well written and up to date. Vol. X is a fit companion to the others of this series. R. L. T.

**Pathology and Morbid Anatomy.** By T. Henry Green, M. D. Tenth English edition, revised and enlarged by W. Cecil Bosanquet, M. D. With a colored plate and 348 illustrations. 610 pages, cloth, price \$2.75. Philadelphia: Lea Brothers & Co.

This old reliable and favorite text-book has again been revised and brought up to date. A comparison of this, the latest edition, with the earlier works shows the pains-taking care with which the authors have kept abreast of the times. There is no better treatise than Green on the subject of pathology, as adapted to the needs of students and physicians. L. W.

**The Era Key to the U. S. P.** A Complete List of the drugs and Preparations of the U. S. Pharmacopœia. Eighth decennial revision (1905). Vest pocket size. 83 pages. Price 25 cents. New York: The Pharmaceutical Era, Publishers.

The publishers announce a new edition of the well known "Era Key to the U. S. P.," whose object is to further the introduction and



employment of the official drugs and preparations of our national standard, the United States Pharmacopœia, the eighth revision of which is now in force. The book comes in vest pocket size, and gives in a "nutshell" all the essential information required by the physician who desires to prescribe pharmacopœia remedies—their official names, synonyms, and constituent parts, with average doses in both metric and English systems.

J. K. S.

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## COLLEGE AND SOCIETY NOTICES.

**Annual Report of the North-eastern Ohio Eclectic Medical Association.** BY A. F. GREEN, M. D., Secretary.†

One year ago the retiring Secretary stated in his annual report that the Association had reached its first mile-stone in good condition, and was "able to stand alone." Today, at its second anniversary, we cannot say that it has been conspicuous during the past twelve months for taking on flesh; but we are quite sure that it has cut its eye-teeth, and developed a considerable amount of nerve.

To speak more to the point, I would say, that during the past year we have held four meetings, all in the city of Cleveland. The average attendance at these meetings equals 54 per cent. of our total enrollment. At first thought this per centage may seem small, yet I believe it will compare favorably with the average attendance of other similar organizations.

The papers presented during the year have been upon important subjects, and those that most frequently come to the general practitioner in his daily rounds. The character of the papers have been excellent, the most of them manifesting pains-taking study and research, and they present up-to-date thoughts and methods. From time to time some of the papers have appeared in the pages of the Eclectic Medical Journal.

The discussions following the reading of papers, though often unconventional, have been characterized by deep interest and sincerity.

Clinics, during the year, have not been as numerous, perhaps, as they might or should have been.

A retrospect of the associational year just passed is, on the whole, quite satisfactory; yet we believe that still greater things are in store for us in the year to come.

As to the year before us, it would seem to be our first duty, after raising our programs to the highest standard of excellence, to gather into our society as many as possible of our Eclectic brethren residing within the North-eastern district. I have been informed that a larger number of Eclectics than our total membership is still outside of our society.

These must be made to understand that the gaining of new knowledge in our meetings is by the easiest, most direct and de-

---

† Read before the Annual Meeting, Sept. 14, 1905.

# Antidiphtheric Serum



It must be potent.  
It must be aseptic.  
It must be uniform in therapeutic activity.

These are the standards to which, at the outset of our career as biological manufacturers, we determined that our Antidiphtheric Serum should conform.

How well we have hewn to the line let the record of our antitoxin show:

In eleven years, during which we have marketed millions of doses, our Antidiphtheric Serum has never caused a fatality.

During the same period of time it has saved more lives than any other single therapeutic agent.

Discriminating physicians use our Diphtheria Antitoxin exclusively.

Antidiphtheric Serum (P., D. & Co.) is supplied in bulbs of 500, 1000, 2000, 3000 and 4000 units.

We protect you against loss by accepting unused Antidiphtheric Serum in exchange.

*Our "ready-to-use" Serum Syringe is equipped with finger-rests. The container is hermetically sealed at both ends. The needle is separately wrapped in sterile paper. No other similar apparatus is so practical and efficient.*

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UNRIPE CAPSULES OF PAPAVER SOM-  
NIFERUM. ONE FLUID DRACHM IS EQUAL  
IN ANODYNE POWER TO ONE-EIGHTH  
GRAIN OF MORPHIA. IT PRODUCES NO  
TISSUE CHANGES, NO CEREBRAL EX-  
CITEMENT, NO INTERFERENCE WITH  
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lightful process; as the papers read have information boiled down to a concentrated and palatable form, and the discussions following accelerate the process of mental digestion and assimilation. Another advantage, in a social way, comes from the occasional meeting with fellow-men who have similar anxieties, perplexities, and trials as ourselves; and by the mutual exchange of thoughts and experiences, we get a fresh grip on life, and go back to our work with renewed zeal and courage. To bring these outsiders within our fold is the chief problem now before us, and I believe that with sufficient effort directed along right lines, a fair degree of success may be expected.

#### California Societies.

The next annual meeting of the Eclectic Medical Society of the State of California will be held in San Francisco, May 22-24, 1906. Dr. Benj. Stetson, of Oakland, is Secretary.

The South California Eclectic Medical Association will hold its next meeting at Los Angeles in May, 1906. A. J. Orance, M. D., Pasadena, is Secretary.

#### T. A. E. NOTES.

Bro. H. A. Martin, M. D., class of 1905, called around to see the boys near the beginning of the term. Dr. Martin is located at Gratiot, near Zanesville, O. Success to you. "Dad."

Bro. Howard Austin, M. D., class of 1903, is in the city taking special work at the Ohio Medical.

Bro. Thomas White, M. D., class of 1905, dropped in along the last of September. "Tom" was returning from a tour of the northern States with his race-horse. He is located with his father at Fitzgerald, Ga.

Bro. R. H. Meek, M. D., class of 1903, is located at Avis, Pa.

Bro. George N. Knapp, M. D., class of 1902, one of our clinical instructors, is taking special work in New York City.

Bro. Walter W. Sheerer, M. D., class of 1905, was married on October 7, to a Cincinnati lady. We extend congratulations.

Bro. Charles M. L. Wolf, M. D., class of 1905, thinks of locating at Galveston, Texas.

Bro. Geo. E. Dash, M. D. class of 1905, has located at Portsmouth, O.

Bro. Byron Van Horn, M. D., class of 1905, has been a visitor at the college since school opened. Dr. Van Horn is located at 2234 Spring Grove avenue, Cincinnati.

Bro. J. W. Caines is located at 800 W. Eighth st., Cincinnati.

Bro. S. Emmett Blagg, M. D., class of 1905, is located at Crawford, W. Va. Dr. Blagg is on a new line of railroad, and is building up a good practice.

Bro. Allison M. Van Horn, M. D., class of 1905, is with his father at Findlay, O.

Bro. Wm. A. Ellsworth, M. D., has located at Conneaut, O.

D. E. BRONSON.

## PERSONALS.

**MARRIED**, at Springfield, O., Oct. 18, 1905, Miss Grace I. Arthur and Dr. Wm. H. Graham, E. M. I. '01. Dr. and Mrs. Graham will reside at South Charleston, O., and the Journal extends congratulations.

**DIED**—Dr. L. O. Wood, of Hopson, Ky., President of the Kentucky Eclectic Medical Society, Oct. 18, at Louisville, following an operation for appendicitis. Dr. Wood had just removed from Hopson to Madisonville, a larger place, the week before he was taken ill. He was a graduate of the E. M. Institute, '99, and has been one of the prominent members of the State Society for several years. His brother, B. W. Wood, is a Junior student in the E. M. Institute. Dr. L. J. Poe, of Butler, Ky., succeeds to the Presidency of the Kentucky State Society.

Dr. A. P. Van Trump, of St. Johns, O., has permanently removed to 2922 Dalton ave., Los Angeles, Cal.

Dr. L. A. Perce, Long Beach, Cal., President of the California State Board of Health, has recently been appointed a member of the Committee of Lunacy for Los Angeles County.

Dr. Wm. S. Turner, E. M. I. '84, who has been practicing medicine for over twenty years at Waynesfield, O., has just purchased property and has removed to 297 N. 4th st., Newark, O. Dr. Turner was for several years Secretary of our State Society, and is one of our most active members, and the Journal trusts that he will do well in his new location. His son is attending Dennison University at Granville.

**LOCATIONS**.... Good location in a town of 4,000. An active Eclectic can do \$4,000 per year. Address, with stamp, Dr. Ellsworth Gamble, Waverly, N. Y.

Extra fine location in Indiana. For particulars send stamp to box 166, Akron, Ind.

Good country location in Mississippi. Good schools and churches. I want a young, up-to-date Eclectic to take my practice; am retiring after having practiced 51 years. Will assist my successor in every way. For particulars, address, with stamp, Dr. D. W. C. Collins, Pleasant Hill, Miss.

Good location at Bristolville, Trumbull County, O. I am going to remove to Youngstown, Nov 10, and would like to place a number one Eclectic in my place. Can make from \$1,200 to \$1,600 per year. Nothing to sell. Will rent house and office. Will give possession at once. Eclectic thoroughly established, having been here 19 years.

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**WANTED**—Partner for out practice, ten years established; largest Texas city. Address, with addressed and stamped envelope, box 565 San Antonio, Texas.

## READING NOTICES.

### A New Liquid Antiseptic.

Parke, Davis & Co. have recently introduced a new liquid antiseptic of considerable power, called Cresylone. It contains 50 per

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of impaired health characterized  
by a tendency to general  
exhaustion, the patient who takes

## GRAY'S Glycerine TONIC Comp.

regularly will eat more,  
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have more strength, be less dragged out

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*For Men and Women*

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*All Classes of Insanity Admitted.*

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We receive and care for patients suffering from any form of disease with mental complications.

Our equipment is new and up to date. We offer good care, night attendants, comfortable room, good table, and constant personal supervision.

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The building is warmed by hot water. Our lawn is ample and well shaded. Patients here find rest and comfort while being treated. Write us, state patient's condition in full, and ask for rates and circular.

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## ELLINGWOOD'S **Materia Medica & Therapeutics**

HAS JUST BEEN  
**Revised and greatly Enlarged.**

Some articles are re-written, others cut out and replaced by more important ones, and about 42 Remedies are added which are not in the original editions.

Besides all this, every new observation or approved fact concerning any of the remedies of the book is added, thus bringing the book up to the 1st day of April, 1905. Fifth edition.

The Index is rewritten, and entirely reset in different type. The book contains about 130 pages more than the first editions, and sells for the same price—\$5.00 cloth, sheep \$6 00

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## **The SHEPARD SANITARIUM** **For Chronic and Nervous Diseases of Men and Women.**

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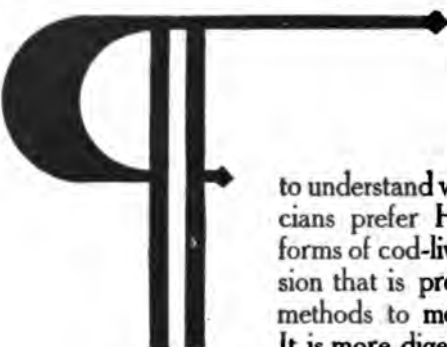
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## **ORIGINAL COMMUNICATIONS.**

### **REJUVENATION OF OUR NATIONAL ASSOCIATION.**

**By H. L. Henderson, M. D., Astoria, Oregon.**

If we carefully study the conditions of the people, the country at large and the status of medical organizations, and then compare them with like conditions and organizations as they existed at the time of the birth of the National Eclectic Medical Association, one is forced to ask, at least mentally, Why has this great organization not kept pace with the times and adjusted itself to changed conditions. But, to the contrary, it is running along in the same grooves marked out for it by the fathers of the movement. The wisdom of the policy then adopted is well shown by the perpetuity of the National, even up to the present time. The founders of the National Eclectic Medical Association were men of great wisdom in their day, and were actuated by a large degree of pugnacious patriotism, as well as common interest in opposing professional oppression and intolerance, together with a broad love for humanity, and a sincere desire to improve the practice of medicine of the times.

The man in that day who held a diploma from Yale or any other of the leading universities, giving him the rank of B.A., had but a fractional part of the real scientific education of the man who to-day leaves one of those institutions with a diploma of like rank. People were then separated by long and tedious journeys, that are to-day covered in a few hours of luxurious travel. The population of the United States was then confined to a few sparsely

peopled States, lying along the Atlantic seaboard and on the slopes of the Allegheny Mountains. Then the vast empire of the Mississippi Valley, the "plains" and the Pacific Coast were an unknown region, that is now a teeming and populous empire. In those days people lived differently and acted differently from those of the present day. Then a man might be persecuted, imprisoned, and his property confiscated, "for opinion's sake," not only in medical matters, but as well in spiritual, political and commercial affairs. These things are now matters of history only, and the halo of tradition surrounds many of the things that were then realities.

To-day we are permitted to practice our chosen profession without question, so long as we are competent to stand side by side with our competitors on an educational foundation. In these days it is the rogue and criminal that fear the law, while the honest man prospers under its protection. Any man is now permitted to entertain any opinion that he honestly deems to be right, so long as he does not infringe upon the prerogatives of his law-abiding neighbor. Yet, notwithstanding all these vast changes that have come about, our National is still quietly running along in its old channels.

When we take up one of our journals and there read a report of the last meeting of the National, we are told that the Committee on Arrangements looked well to the accommodation and pleasure of the visitors; that the meeting place was ideal; that the character and number of the essays presented and the discussions that followed were of the highest scientific value, and the number in attendance was *about three hundred!* Think of it! With approximately ten thousand active Eclectics in the United States, and then the "corporal's guard" of three hundred present at the meeting of the National! There is something radically wrong about this matter, and it behooves each and every one of us who have the good of humanity, Eclecticism and our National at heart, to stop and seriously ask ourselves, What is the matter, and what steps must be immediately taken to place our national organization and our branch of the medical profession upon the footing before the world that its scientific attainments and numerical strength give it a right to occupy.

I desire it to be distinctly and positively understood that no reflection is intended or implied upon the present officers of our National, nor upon any of those who have held the helm in the years that are past. They have done remarkably well with the forces that are and were at their command. Neither am I ambi-

tious to pose as a reformer nor alarmist. I do not hold any official connection with our National, nor do I ever expect to possess such a distinguished honor; but I am simply an humble member of our organization, and I trust that I am reasonably faithful in fulfilling my obligations toward my fellow man in general and my professional brothers in particular. I have no "axe to grind," friends to reward or enemies to punish by bringing up this matter for the consideration of the members of the National Eclectic Medical Association, but am actuated solely by a desire to see the organization of which I am an humble member placed upon a plane to which it is entitled.

The cry has gone up that our professional opponents, the dominant school, have thrown down the bars and are endeavoring to absorb and assimilate Eclectics into their ranks, and thus bring about the obliteration of Eclectics as a school of medicine. This is all puerile twaddle. There may be a few weak-kneed, milk-and-water fellows who are ready to attach themselves to any combination that may offer them membership. They are usually a type that can only truthfully lay claim to the rank of barnacles, and the organization that is well rid of them is to be congratulated. As well talk of making a man, who is a full-fledged, dyed-in-the-wool Methodist, a Catholic, because you show him the splendors of a Catholic cathedral. He may admire, but he remains a Protestant to his death. So it is with the kind of men whom we desire to retain in the ranks of the Eclectics, while those who are seduced and induced to turn from the mother that gave them birth will soon be following after other false gods, even osteopathy, Eddyism, or any other will-o'-the-wisp that might please their childish fancy. No; there is something wrong, and it is our duty to find that wrong and correct it, or else calmly look forward to the time, I fear not very far distant, when Eclecticism will be only a matter of history, so far as our National organization is concerned.

Let us analyze the present conditions and call things by their right names, and then see if we can not solve the problem. To-day we have a perfect organization, officered by zealous and worthy officers. The membership is scattered from the farthestmost point on the coast of the State of Maine to the most westerly city on the coast of Oregon, and from the great lakes on the north to the everglades of the south. Thousands upon thousands of miles intervene between the ones most distantly separated. Our National Association meets in annual session, transacts its business, elects its officers, and adjourns until the date of the next annual

meeting. Our journals report the proceedings, and after a more or less lengthy period, after the fact of the meeting is almost forgotten, we receive a book bearing the title, "Transactions," which is glanced over, and filed away as a sort of keepsake or memento that in after years may be referred to, to settle some disputed point as to where the National met that year, or who constituted the official roster of our governing body for that year.

Now, some of the faithful members of our National have never sat on the floor of any of our National meetings. All that they get in return for the annual dues of \$5.00 is the volume of "Transactions." To them should be ascribed all honor for their fidelity. I doubt not that our National Secretary, if interrogated, would inform us that the number of such members is decreasing with every year. This is a "strenuous" age, and when men connect themselves with any organization, they like to get close to it, and to get material returns from their investment. When so widely separated as are many of us, some are liable to become cold and indifferent. The things of life crowd about us, and we cease to feel that enthusiasm that was characteristic of professional youth. This is plain human nature, and the one who feels it is not to be censured. It is true that we as a school of medicine have a distinct and peculiar materia medica and therapeutics, that give to each of us a degree of success of which our professional neighbors are envious. But therapeutic peculiarities will not maintain us as a National organization.

Now a diversion, in order to draw a comparison: The American Medical Association, the national organization of the dominant school of medicine, is no better officered, not possessed of more scientific ability, their meetings are not attended with more enjoyable social features, than are ours. But note the difference: They have an enormous cash surplus; they are a compact organization, the members acting in perfect unison and harmony; their fidelity to their organization is absolute; they are doing things. Now, what is the reason of these conditions? Now we are reaching the kernel of the nut.

What would be the condition of a large and magnificently shaped brick house if the mortar holding those bricks in one solid mass had served its purpose, and by the process of time had become disintegrated, although each of those thousands of bricks might be perfectly formed and of correct consistence? That house would not very long withstand the pressure and onslaughts of storms and earthquakes. The condition of that house, to my mind, is very similar to the condition of our National

Association. The cement of pugnacious patriotism, protection from a common foe and enthusiastic admiration for a newly formed system of medicine has been dissolved away by the process of time and changing conditions,—in fact, has served its purpose,—so that at this time the beautiful house stands without cement holding its component parts in one solid, coherent mass. If we as individual members of this organization do not supply a new mortar, then it is but a matter of time until the adverse winds of absorption will crumble the mighty fabric into its original elements, and the National Eclectic Medical Association will be a matter of history. Now, I am not a pessimist, but, to the contrary, I always, when possible, view things through the spectacles of optimism. But optimism is not sufficient to enable one to shut his eyes to existing and threatening conditions.

Now, what cement is available and practical for the purpose of producing the cohesion of the several parts of our National, that is necessary to perpetuate it through the coming ages? is the question that we are now “up against.” He who proposes destruction, without offering a practical plan of rebuilding on a better and firmer basis, is an anarchist, not worthy the attention of thinking men. We can not thrive and perpetuate the tenets of our school of medicine without harmonious and perfect organization. This is an age of organization. Men are bound together for mutual benefits in all planes of life. Some are for financial ends, others for commercial purposes, others again for fraternal objects, and so on through the almost innumerable intricacies of the fabric of human existence. Whether these combinations are right or wrong I leave for others to argue, but the fact remains patent to all who will see.

The officers of our National Association must get closer to the membership, and thus instil into each individual member that zeal and enthusiasm that they themselves feel. Each member must be made to feel that he is getting value received in return for his fidelity to the organization and for the money that he annually contributes to its support. As the matter stands to-day, each member pays to the National the sum of \$5.00 for annual dues, and in return he gets a volume of “Transactions” that, as a product of the book-maker’s art, would sell in the open book market for less than one dollar, together with a receipt, signed by the proper officer, certifying that he has paid his annual dues. Modern methods can greatly improve these results.

I would suggest that, at the next meeting of our National body,

a plan be formulated that would enable the proper officers to say to some one of the publishers of one of our leading journals: For what price will you furnish to each of the members of the National Eclectic Medical Association, for a period of one year, a subscription for the regular issues of the given journal, the said journal having the exclusive right to publish the essays and proceedings of the meeting of the National, together with all official communications and documents that the officers may deem necessary for the betterment of the membership? I have not much doubt that the answer would fall within the dollar mark, which would leave the sum of \$4.00 for the running expenses of the organization. Even if the issue of this journal was made weekly, it would still leave sufficient for the running expenses of the office of the Secretary of the National, which is practically all of the necessary expenses of our National outside of the publication of the stale "Proceedings."

Now, such a plan is certainly entirely practical, and at the same time it brings the members into closer contact with the National organization, enabling the officers to reach each member, and each member looks anxiously for the appearance of each issue of what he feels to be "his" journal. He at once realizes that his membership in the National is based upon some material returns, and he begins to feel that it is worth his while to belong to the National. He gets the essays at first hand, and when the time for the next annual meeting of the National approaches, he feels that it is worth his while to make a sacrifice and attend the meeting. The membership will necessarily increase, as then each one feels that he is getting something for his money. The National is not any longer a misty something of which there is almost no tangible evidence. It places our National abreast of other organizations of similar type; in fact, modernizes it, and brings it up with the times. Such a proposition would be a bait that any publisher might keenly take. He could well afford to deliver the journal to each member of the National at a very low rate, as it would give him an advertising patronage that would enable him to at once command an advertising income that would completely offset the reduction from his regular subscription rates.

Now I will make an assertion that I do not believe can be successfully disputed: The above plan is the keynote of the compact and perfect organization of the American Medical Association. Their annual dues of \$5.00 carries with it a membership in the organization, together with a subscription for the "Journal," which is the peer, or possibly the superior, of any other medical

journal published in this or any other country. Each week the member looks anxiously for the appearance of "his" journal, which he well knows will be filled to the brim with rich scientific matter, and will contain any communications, committee reports, programs, etc., that the officers of the governing body may wish to communicate to the membership. If the member has some plan or proposition that he wishes to place before the membership at large, he knows that a communication printed in the columns of "his" journal will reach every member of that body. Brother Eclectics, some of you may think this plan is visionary and impractical, and so it may be. Can you suggest something that will more thoroughly arouse the spirits of our membership, and that will make them one and all more faithful to our organization, and that at the same time will raise our National to an equal plane of prominence and usefulness? If so, let us hear it, and adopt it.

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### NOT UNCOMMON CAUSE OF DISEASE AND DEATH.

By Alexander Wilder, M. D., Newark, N. J.

[Concluded from page 585.]

Another cause of mischief through mental impressions is perhaps even more common. It is the taking from individuals favorite articles of possession. In a way not easy to explain to everybody, the life becomes involved, and we may even say intimately interblended, with objects of habit or affection. The objects may be living persons, or perhaps animals or inanimate objects. Our newspapers and literature, as well as daily observation, bring to notice examples from disappointments in love between the sexes, and it is not necessary to allude to them specifically. Analogous instances abound in other departments. It is not uncommon to take from children favorite playthings, unmindful that vivid suffering is often inflicted, and even the sense of unjust treatment excited. Because the sufferer is only a child the matter is little heeded; and it is true that during the earlier years of life the repairing processes are active, so that most hurts, whether bodily or mental, are promptly healed. Hence we have generally become accustomed not to regard them as of importance.

But after the career has passed its climacteric such matters have become too serious to be passed over lightly. The habits have become fixed, and the power of recuperation from shock is lessened to a very great degree. The life itself is intimately involved. Examples abound everywhere in which incurable injury



has been inflicted by disregard of these matters. Individuals parting with cherished possessions, or removed from their home and habitual scenes of life, or deprived of employment which had engaged attention till it became a habit, are liable to become mentally enfeebled, or to succumb to bodily debility, which no medicine can remove. A few examples may be in point.

An elderly couple had bargained with a relative for a support the rest of their days. The wife, who was the younger of the two, continued to attend to the garden, and to keep both the cat and the poultry. After some years the husband died. The house in which they had lived became unsuitable for occupation. It was torn down, and she was removed to another, which had been newly built. Then her garden was overturned and sown with grass. The poultry went next, and finally the cat was put out of the way. She had never had educational advantages, and now, separated from every familiar object, deprived of her accustomed modes of employment, even to the last household pet, her mind succumbed. She became a babbling idiot, living till near ninety years of age, prattling hour by hour, day by day, for years, repeating the rubbish which had accumulated around her in girlhood.

The next example was also in rural life. The man was a farmer, and, like most old-fashioned individuals of New England parentage, he had a good-sized family. He was diligent, thrifty, and an excellent manager, and his career was accounted successful. His daughters all married worthy husbands, men superior to the average country population; and he presented each of his sons with a farm which he had become able to purchase from its owner in the same neighborhood. He then arranged for a few years of leisure, built a new house, and removed into it with all his belongings. All was apparently well with him. But one of those freaks of legislation now came to worry him in the form of a special tax for the support of schools. He had reared a large family, and been as liberal and careful as his neighbors in their education, and now this requirement to be taxed for others appeared to him the height of injustice. His mind gave way, and for weeks and months he repeated disconnected sentences relating to the wrong that had been done. In a few months, however, the golden cord was loosed, and he passed away.

Such unfortunate results are liable to occur when individuals remove from the abodes where they have long resided, and if they give up their accustomed employment. Old persons have been aptly compared to old trees; they do not well bear transplanting. One day, many years ago, I was conversing with a man sixty-five

years of age. He was still in health and usual energy, with a fair prospect of many years yet to live. His children had grown up and engaged in business for themselves. "There is no need for me to work so," he protested; "I can sell my property, and the interest of the money will yield me a larger income than I am now getting." I replied to him that this was undoubtedly true. "But, then," I added, "in such case you will not see another happy day." Two or three years later he carried out the purpose which he had entertained. He sold a farm where he had lived for forty years, and removed to another State. He found conditions which he had not reckoned upon. He had no objects sufficient to engage his thought and effort. In his new residence he lacked companionship, and nobody had time to spare in conversation with him, or interest in what he had to tell. Life he now felt to be a heavy burden.

It was no curse inflicted upon man that in the sweat of his face, by his own effort and exertion, he should eat bread. The key of a life worth living is usefulness — reciprocity — what the Apostle Paul denominates "charity." In the mutual interchange of sympathy and good offices all share and enjoy together, not only in what makes life valuable, but in life itself.

Some weeks ago a young physician attempted to praise me for not being in active practice. The older men, he insisted, ought to stand back and leave the field to the young men. I have seen this sentiment in print and heard it urged in private coteries. It is a sentiment, nevertheless, which is unworthy of civilized men. One boast of our civilization is that it not only makes life more valuable and enjoyable, but adds to its length. While a few centuries ago the average term was hardly fifteen years, it is now forty. Yet where will the benefit be if men, while in full vigor and enriched by ripe experience, shall be set aside and arbitrarily condemned to idleness? If such a rule were to be adopted, we may as well relapse into savagery without delay. The wild tribes of Siberia and other regions of the earth, when men and women become old, put them promptly out of the way. They can plead a certain necessity for economizing the means of subsistence; but these savages of our modern civilization have not that excuse. With them it is blank selfishness, and a selfish man is always an example of arrested development.

A true civilization regards every person as valuable. Cain does not deem it necessary to his own effort that he shall kill Abel. My own brother, Judge Wilder, of Missouri, once wrote me that he was now an old man, and saw no use for himself any longer, and

he might as well die. I remonstrated, telling him humorously that he certainly was of great value negatively. He required food to eat and clothes to wear, and so contributed to the welfare of those who furnished them. If we limit the number of consumers, we also limit the number and usefulness of the producers. Saadi, the Sufi poet, was once asked of what use was his life, as he pursued no employment. "Of what use is a rose?" he asked. "The rose yields a perfume," the other replied. "And I am of use to smell it," Saadi retorted. The bounties of this world would be to no purpose but for living beings to use and enjoy them.

But this is digressing, and we will return to the original topic. We have remarked upon the power of imagination to occasion disease and death. There is such a thing as killing individuals by mental operation. This is far from being all fancy. I do not mean to imply that there is necessarily any ill intention, though such an intention may have the same influence. But an apprehension of calamity sometimes operates as if magically upon individuals. If there was a strong wish in that direction, it would be very sure to be operative, unless the individual had sufficient vital energy or force of will to cast off the noxious influence. When a person, especially one who is more or less dependent, is held back from cherished purpose, from some abnormal apprehension on the part of others, and so is withheld where he may properly do something, or pursue some object that he wishes, such morbid carefulness directly impairs vital energy. All conflict of mind wears and exhausts the powers of the body. The conception of evil which exists in the mind of the one may be implanted in the other and bring forth disorder and mischief. There is a killing with kindness as well as with malice, which sensible persons should understand. The proper course is that of encouragement. The individual, so long as he is able, should be required to be active, and not passively succumbing to apprehend trouble. When Dr. Elisha Kent Kane was suffering from a disease which resisted medical care and regimen, his father charged him that if he must die, to "die in harness." He went accordingly with the Grinnell expedition to the Polar Sea in search of Sir John Franklin. He thus achieved a valuable service, and at the same time prolonged his life.

I do not believe in any unnecessary harshness toward weaklings. Brusque manners do not indicate gentlemen or moral superiority, and severe language where the occasion does not warrant it is utterly reprehensible. Every individual should be encouraged, and even urged, so far as this is reasonable, to care for himself, and to have confidence even to willfulness, in the better out-

come of things and conditions. Pessimism is itself a disease, and should be scouted as such. The notion should be got out and kept out of the mind that hopeless disease, senility or decline, is uppermost. I am not prepared, however, to go to the length of denying that disease exists at all, for we all know better. If we care to go into metaphysical niceties, we may say that it is negative, and so has no real being, but that is far enough.

We have heard the anecdote of the man who was told that his employer did not really have a certain complaint, but that it was only a belief in it that he was suffering. Some days later, being asked about the condition of his master, he replied: "Faith, master had a belief that he was dead, and we have buried him."

In short, so much of disease and various forms of debility are due to nervous disorder and mental conditions that it behooves us to be more attentive to that department of the medical art. In daily life there are so many injured, and even driven to actual death, by overmuch anxiety and carefulness, that there is need also to acquire the knack of wholesome neglect. Take away from individuals the consciousness of being constantly watched for slips of misconduct or bodily infirmity. It is a prolific source of disorder and mischief. We should keep carefully out of our thoughts the notion that this person or that is ill, or liable to become so, lest we inoculate the individual with the same impression, and so ourselves create the very condition that we desire to avoid. This is not counsel to be indifferent or inattentive to what is due to the sick or infirm, but a plea to refrain, by our lack of good sense, from making persons sick, or seriously impairing their health.

In regard to practitioners, I would urge them to stick to their place so long as any have occasion for their service. It is better for those whom they serve, and it is better for themselves. I have no disposition to keep younger men from the field. I have always believed and acted by it, to give young men opportunity. They must come to the front, and it is a duty to facilitate them in coming forward to the best advantage. Men, like trees, should not be dwarfed by being "trod upon when they are little."

It may be necessary for them, as a wiser man of the profession once remarked, that they forget first of all what they had learned at the medical college, in order that they may be able to acquire real knowledge of what they had before thought that they knew. Certainly nothing should hinder older doctors from helping others by the best powers which they possess. We have no good doctors to spare. Many hold degrees, but the real physicians are few. The medical profession has never been overcrowded with such,

however many the pretenders may have been who were enrolled as Doctors in Medicine. The knowledge which they have acquired and the experience by which it has been matured are too valuable to be consigned, as it were, to the dust-heap. The tact and experience of the veterans far exceed in value the boastful new learning of the last half century.

The very designation of the art, therapy, is itself a statement of the duty. It means service, caretaking, worship, as well as attendance on the sick. The physician as a therapist is obligated to serve so long as he is able. The qualities, the abilities, the service of which a man is capable, are due to the world in which he is living; and so long as the ability lasts, it is the right, because it is the imperative duty to bestow them.

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### DIPHTHERIA.\*

By W. K. Mock, M. D., Cleveland, O.

Diphtheria is an acute and highly infectious disease. It has been known to the medical profession over eighteen hundred years, for in 50 A. D. Aretaeus gave a good clinical description of it. While epidemic after epidemic of this disease has been studied for ages, it is the present age which has given us the true character and the successful treatment of this, in time past, much dreaded disease. Diphtheria has been shorn of its terrors by the crowning efforts of the bacteriologist and pathologist, and to-day we know that it is due to the Klebs-Loeffler bacillus, and that in serum-therapy we have a remedy with which to combat its effects. It is well known that the disease can be propagated by this bacillus, and without its presence there is no true diphtheria.

It is primarily a local affection. The constitutional symptoms are not due to the entrance of the bacillus into the blood, but to the toxins which are caused and absorbed by the development of the bacillus. In cities it is endemic, at times epidemic, and in the rural districts is usually epidemic. So far as is known, the mode of infection is directly or indirectly from another, however occasionally there are sporadic cases which can not be traced to another. Directly, it is transmitted by inspiration of the air in rooms infected by the discharges from the nose and throat of diphtheritic persons, or from the coughing, sneezing, or kissing of those affected. Indirectly, by coming in contact with soiled utensils, napkins, clothes, handkerchiefs, books, toys, etc., of those

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infected. The germ under favorable circumstances may live six months. In some epidemics its virulence is greater than at other times, and at times subjects are more vulnerable than at others. Those suffering from catarrh, and the so-called "scrofulous subjects" with enlarged lymphatics, are more predisposed to its influence. The bacillus is pathogenic for guinea-pigs, rabbits, chickens, pigeons, small birds and cats; also, in a lesser degree, for dogs, goats, cattle and horses, but not for rats and mice (Park).

The local manifestations are stiffness of the muscles of deglutition, with a hyperemic condition of the throat, which is soon followed by the usual pseudo-membrane. The membrane is produced by the local action of the specific bacillus, and is usually mixed, exudation of fibrin, and coagulation necrosis. The general manifestations are fever, prostration, and the visceral changes. The lymph-nodes become enlarged, and occasionally there is parenchymatous nephritis. Occasionally there is paralysis, due to infectious neuritis. It most frequently occurs in the velum of the palate and pharynx; next in frequency is the muscles of the eye, and lastly the extremities.

Albuminuria is nearly always present. The writer has never examined the urine of one suffering from this disease but what there was serum-albumin and serum-globulin. Occasionally there are hyalin, epithelial and granular casts.

The duration of the incubation period is from two to ten days, and occasionally longer. In some virulent epidemics, and when the disease is produced experimentally, it is from a few hours to two or three days. There is nothing strikingly characteristic of the prodromal stage, as the symptoms may not be unlike a case of follicular tonsillitis, or any sore throat. In from twelve to twenty-four hours, however, a more typical symptom will be seen in the throat. A white or grayish-white pseudo-membrane will appear on the tonsils, and may extend to the soft palate and uvula. The lymph-nodes become swollen, and a temperature usually of  $101^{\circ}$  to  $103^{\circ}$ . The pseudo-membrane is not always located in the throat; it may be in the nose or in the larynx, and its location marks the type of the disease, which is nasal, pharyngeal, or laryngeal. The pharyngeal type is the most common and the most amenable to treatment, and the laryngeal type being most fatal. The pseudo-membrane in the larynx is firmer and clings tenaciously.

Clinically, it is difficult to make a positive diagnosis of diphtheria, the positive proof being in a bacteriological examination showing the presence of the Klebs-Loeffler bacillus. Simple mem-

branous pharyngitis and follicular tonsillitis are difficult to differentiate from diphtheria, and yet a grayish-white pseudo-membrane, with a tendency to spread to the soft palate, uvula and pharynx, and bleeds easily when removed, together with a nasal discharge and enlargement of the lymph-nodes, gives a picture rarely seen in any other disease, and from which a provisional diagnosis of diphtheria can be made, and scarcely ever be mistaken. Anders says: "The false membrane on the fauces and the presence of albumin in the urine give us a practically certain diagnosis." McFarland says: "Streptococcus membranes are usually whiter, and are prone to begin in the crypts of the tonsils and spread about the edges of the crypts."

The laryngeal type is sometimes difficult to diagnose, particularly so if there has been no affection of the membrane of the nose or pharynx. A case reported to this Society a year ago is an example. Mrs. F., age twenty-eight years, had been suffering for two days with croup, when she called medical assistance. Temperature 102°, rapid pulse and respiration, with severe laryngeal stenosis. The patient said she was subject to attacks like the present three or four times a year. The case was diagnosed simple laryngitis, but aconite, stillingia liniment (internally and externally), pilocarpin, inhalations and hot packs gave no relief, and thirty-six hours of this treatment found the patient rapidly growing worse. She now began to expectorate, and a bacteriological examination of the sputum showed the Klebs-Loeffler bacillus. Antitoxin was administered, and she was intubated, but a rapid broncho-pneumonia developed, and she succumbed on the night of the fifth day of the attack.

In cities, where bacteriological laboratories are numerous, one can profit by a bacteriological diagnosis, and it is an equal help to the rural districts to have stations for like purposes, which are maintained under the auspices of the State Board of Health. Since the great development of the rural free delivery, telephone, electric and steam cars, one can receive the reports of a laboratory diagnosis nearly as early as in the cities.

The use of anti-diphtheritic serum has completely changed the prognosis of diphtheria. It has been the means of lowering a mortality of forty to fifty per cent. to ten or twelve per cent., and even this percentage is lowered with the adjunct treatment by specific medication to three to five per cent. In keeping with the therapeutic advancement, tracheotomy is abandoned and intubation substituted. The greatest mortality is in children under two years, and after thirty it is again quite fatal. The laryngeal cases

furnish the greatest percentage of death rate, and in general it is more fatal in institutions and crowded tenement localities.

Knowing the cause of the disease and the method of transmission, certain definite rules can be laid down for its prevention. All soiled linen should be burned or boiled in water to which has been added carbolic acid six ounces to the gallon. The patient and nurse should be excluded from the rest of the household as much as possible. After convalescence, the room should be thoroughly disinfected with formalin candles or other methods. But disinfection and isolation are not sufficient to carry out a thorough prophylaxis. We are told that the bacillus may remain in the throats of those exposed without producing the disease, and that at any time, under favorable conditions, the rest may suffer from the disease, or it may be transmitted to those more susceptible. In view of this fact, all those exposed should be treated to immunizing doses of antitoxin. In this respect prophylaxis would not be unlike that of smallpox — disinfection, vaccination.

In the treatment, general measures should consist of placing the patient in a well ventilated and well lighted room, which has been stripped of all unnecessary furnishings. It is known that the Klebs-Loeffler bacillus does not thrive where it is exposed to fresh air and sunshine. The diet should consist of liquids and semi-liquids, as milk, bread and milk, soups, breakfast food, etc. The treatment proper consists in local measures and the administration of internal remedies. In the local treatment the object is to destroy the bacterial development, and thereby lessen the formation of toxins. To this end hundreds and hundreds of medicines have been used as sprays, painting, swabbing, washing and gargling the throat, each having its advocates. Cleanliness, to be sure, is one of the first things to be thought of, and some good antiseptic solution should be used to wash the mouth or gargle if the patient is old enough. In rebellious children it is, however, far better not to attempt local treatment than to take chances on creating new lesions by forcibly swabbing the throat. Alphozone 1-1,000 is a splendid gargle. In the laryngeal type, with threatened stenosis, inhalations of steam from an ounce of stillingia liniment to the pint of water is useful. Also in full strength externally, and with clothes wrung from hot water and applied around the neck.

The constitutional treatment consists in the administration of medicinal agents to combat the toxemia, and the more modern



treatment, serum-therapy. The antitoxin treatment is one of the positive advancement in the treatment of this disease, and if to this is added medicine as specifically indicated, it gives a more fortunate and reliable treatment. If with a hyperemic condition of the throat and enlargement of the lymph-nodes is given aconite and phytolacca, it lessens a fertile field for the invasion of the diphtheria bacillus. Antitoxin should be administered as early as possible, and usually within twenty-four hours the temperature and pulse are lowered, and the general condition of the patient quickly improves. Locally, the serum, aided by aconite and phytolacca, causes the faucial swelling to reduce, and exfoliation of the pseudo-membrane. After the membrane has disappeared the phytolacca should be continued for some days for its beneficial influence on the lymphatic system.

In the laryngeal type, should stenosis become alarming, and not be controlled by the steaming, intubation should be quickly resorted to, and antitoxin repeated at frequent intervals until the condition improves. In cases where albumin persists after the fever and pseudo-membrane disappears, Lloyd's nitre in small doses should be given. Post-diphtheritic paralysis may occur at any time in two or three weeks, and is due to peripheral neuritis. In such cases strychnia has a beneficial influence.

Efflorescence sometimes follows the administration of antitoxin, and is most frequently urticarial, but there may be various forms of erythema. The urticaria scarcely ever lasts longer than forty-eight hours, and, except adding to the discomfort, is productive of no harm. The itching is subdued by bathing with vinegar and water.

The causes of death in diphtheria, in their order, as given by Anders, are as follows: Membranous croup or laryngeal stenosis; septic infection, which may be a slow death; sudden heart failure — paralysis of the heart; broncho-pneumonia, following tracheotomy or occasionally during an advanced stage.

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### INDICATIONS FOR USE OF CARBOLIC ACID.

By W. F. Pearson, M. D., Mateer, Okla.

A copy of the *Eclectic Medical Journal* has been received, and read with interest, and with that pleasure which recalls the happy days gone by. It reminds me that Dr. J. W. Ross, of Carthage, Texas, who, having learned the Eclectic system, and had forgotten

the old practice of uncertainties, saved one of my best friends, to whom, in spite of his protests, I had given calomel. I give calomel to this day, but know *when* and *to whom not to give it*. Had I not learned from Scudder's text-books and the *Eclectic Medical Journal* the principles of specific medication, I would have quit medicine almost as soon as I began the practice.

No doubt my old friend, Dr. Ross, is long since dead, as well as the former great teachers of the Eclectic Medical Institute of Cincinnati, for in time all things will die — even our enemies. In the meantime my own health has failed to such an extent that in these days I scarcely read a medical journal.

In the spring of 1891 — April, I think — the *Eclectic Medical Journal* published an article of mine on what kind of wounds carbolic acid should be used, and on what kind of wounds carbolic acid would prove a poison. Fourteen years afterward, in the *Medical News* for July, 1905, Dr. Justin Herold, of New York, refers to the fact "that carbolic acid, *even when greatly diluted, occasionally promotes the development of gangrene in a wound to which it is applied.*" Only a few instances have come under his own observation, but he cites one hundred and thirty-two others which had gone on record up to 1900. And Dr. Harrington, an expert, of the Massachusetts General Hospital, advises the use of other drugs for cleansing wounds and dressing them. Had Dr. Herold learned something that Eclectics can teach him to his own advantage, he would have known that when carbolic acid is contra-indicated it acts as a poison, however greatly diluted it may be. Dr. Scudder taught that "the quantity of medicine given is not of such importance as the giving of the right remedy."

This clearly illustrates the difference between the two systems of practice. Under one system every physician is encouraged to observe and to discover, and receives credit for whatever important fact he ascertains; in the other system physicians are taught to revere authority. Such is the difference between the Eclectic and the Allopathic systems of practice. A country physician, who has learned something of the principles of medicine taught by the Eclectics, points out "opposite conditions of wounds, one for which carbolic acid is the specific remedy, the other to which, if carbolic acid be applied, it will act as a poison, and finally produce gangrene." Fourteen years after this discovery the experts in the great Allopathic school and the official of a great State hospital, after experimenting with carbolic acid in hundreds of cases, one hundred and thirty-two of which were poisoned by the use of carbolic acid, *discover that this valuable antiseptic is dangerous,*

as it occasionally promotes gangrene in a wound to which it is applied.

Thus it has always been that if no discoveries be made or allowed, except by authority and rules, or by the experts and those in authority, but few if any discoveries will be made. The Allopathic physicians are so jealous of the unknown men who make observations, and of the distinguished physicians belonging to other schools of medicine, that their perceptive faculties or their reasoning powers must be dwarfed, or their thinking powers are bound with muzzles and chains, until they fail to perceive "the opposite natures of wounds and diseases," which Scudder taught so clearly "that he who runs may read and understand."

It was from having learned this important fact that I learned how to treat wounds intelligently with carbolic acid. I discovered, also, that the poisonous effects of carbolic acid are overcome by the use of permanganate of potash in solution: and the gangrene resulting from its use could be cured by the use of a weak solution of copper sulphate, which would immediately relieve the accompanying pain.

A philosopher once observed that there is some difference between the expert naturalist who describes fossils and the footprints of extinct birds, and the philosopher who reasons on such observations. Indeed, there is a difference between the "rural doctor," who is a philosopher and uses his reason to arrive at correct conclusions as to the causes of things, and the expert, official physician, whose best claim to being scientific is the fact that he follows the rules and respects with great deference the latest authoritative fads, and persistently uses a microscope to discover the animalculæ and microbes that have been fully described by others

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### THE HISTORY AND ETIOLOGY OF NEPHRITIS, OR BRIGHT'S DISEASE.\*

By A. O. Palmer, M. D., Cleveland, O.

All important knowledge in medicine as well as other scientific branches of education has come step by step. Careful thinkers and recorders in each century have added their portion of valuable knowledge until we have a very good history of the different branches now so well known and carefully studied.

It was Dr. Sydenham, as well as Dr. Willan, who carefully collected valuable information by keeping historical records, which gave the writers and thinkers who came after them the advan-

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\* Read before the North-eastern Ohio Eclectic Medical Association.

tage, so that they were able to do more valuable work towards enlightening the profession and relieving suffering humanity.

In about 1790, Dr. Richard Bright, of England, commenced investigating and writing upon the diseases of the kidneys, which has proved to be very valuable to the profession, although he did not give us all the valuable information that we now possess. For nearly fifty years he kept a very accurate history of his cases, and gave us the pathological naming of the different diseases of the kidneys, which has not stood very well modern critical investigations. No doubt Dr. Bright wrote as intelligently upon this subject as the knowledge of the times would allow. He was not as well versed in the influence of toxins upon the various organs of the body as well educated physicians are to-day; he did not always know what caused the nutritional and degenerative changes in the kidneys, nor the edemas and retentions of water and solids, and the causes of inadequacy of the various forms of nephritis. He described the constitutional diseased condition which existed in his time as well as in the present, of which modern investigations have shown the causes.

Considering this subject in the light of modern knowledge, we are obliged to think of the whole subject according to the well established facts, and dwell no longer upon somewhat uncertain theories. We honor Dr. Bright for what he did do, for certainly he did well with what he had to do with. We can not justly use Dr. Bright's name in connection with diseases of the kidneys as formerly used, although he described an actual fact without knowing the actual cause.

In taking up the causes of Bright's disease, I wish to mention that the same causes exist to-day as in his time, and while he may have possessed more information than we have any record of, yet what information we have leads us to believe that he knew nothing of the deleterious influences of the various toxins that are now exerting such a poisonous influence upon every cell of the human body.

The products of metabolism that escape oxygenation, as well as the products of perverted and arrested metabolism, and the many poisons of gastro-intestinal origin, are among the exciting causes of nephritis. Thirty-five years ago I was taught that there were two main causes for Bright's disease, and they were the use of alcoholic stimulants and high living, which no doubt, even according to the best light of to-day, is practically true.

From what has been said one can conclude that the gastro-intestinal tract and the tissues of the body, when not properly

performing their offices, furnish the main causes for nephritis. When the digestive organs are abused so that not only the stomach, but the intestines furnish the blood with food juices of an abnormal and highly toxic character, which always leads to hepatic insufficiency, and is a great cause of flooding the circulation with the various poisons that chemical and bacteriological changes can produce under such circumstances. As soon as these poisons commence to be carried through the circulation, and exercise their deleterious influence upon the heart, arteries, liver, and all the tissues of the body, as well as the kidneys, morbid changes must follow.

Allow me to quote from a late writer: "One other consequence of this hepatic insufficiency is the incomplete elaboration of the aforesaid intermediary products of metabolism that reach the liver from the general circulation. When the liver cells can no longer properly perform their many functions because they are poisoned from the bowel, then these bodies that circulate around each hepatic cell in a network of lymph and blood channels as intricate as the capillary branches of the portal system, can no longer be converted into innocuous end products, like urea, uric acid, creatinin, etc., but are returned to the general circulation unchanged, as poisonous ammonium salts, alloxuric bases, and a host of other bodies that, unless rapidly eliminated through the kidneys, produce a chronic auto-intoxication.

"Finally the character of the bile becomes changed and its physical properties perverted; it no longer flushes the bile channels in a broad stream, but becomes thick and viscid, so that some diapedesis of poisonous bile constituents from the bile into the blood-capillaries occurs. The change in the quantity and composition of the bile, moreover, reduces its germicidal power, so that intestinal putrefaction is increased, or, at least, not checked; constipation supervenes, right disassimilation of the enteric contents is prevented; the assimilation of fats is decreased, and consequently the general nutrition is disturbed. In this way a vicious circle is closed, and both in the bowel and in the tissues at large poisonous bodies continue to be formed, that are capable of producing numerous disorders, among them many of the symptoms of Bright's disease."

The most common division of the causes of the kidney changes given by Dr. Crofton, who states that the cardio-vascular changes must appear first. The intoxicating causes that I have mentioned result in high blood pressure, which leads to nutritional disorders in different parts of the body. It is a well-known fact

that all of the organs that are supplied by end arteries are first and chiefly involved, causing nutritional derangements. The retina, brain and kidneys are supplied by end arteries.

We have always been taught that in Bright's disease the kidneys are always primarily involved, and as a result renal insufficiency causes retained products, which are very hurtful to the arteries, retina, and brain structure. It can be readily seen that this is not the fact in the case, as the retina may be found badly injured and the brain involved in diseased changes before the kidneys show any evidence of a diseased condition. My own experience bears out these statements. Twenty-five years ago I was taught to examine the retina to determine whether I had diseased conditions of the kidneys or not, but I was not told that I might have a badly diseased condition of the retina from toxic causes, with no kidney changes whatever, which I found in some cases.

Dr. Schuessler says that the so-called Bright's disease is simply a chronic form of albuminuria; that nature does not have a sufficient supply of calcium phosphate to prevent albumin being lost by way of the kidneys. We have all been taught that when the urine was examined and we found albumin in it, the kidney must be undergoing some very destructive changes. I was formerly much alarmed when I found albumin in the urine, but my experience has taught me that the old teaching was not correct. Albumin might be found in various quantities in the urine for years, and there be no serious diseased changes in the kidneys.

Wherever the phosphate of lime salts are wanting to any extent albumin may be found in the urine. Febrile and inflammatory diseases, dyspepsia, neurotic irritation, excessive albuminous diet, visceral diseases, and cold-water bathing, are causes that should not be forgotten. Constant and cool condition of the surface may force so much pressure upon these end arteries that albumin will appear in the retina or urine. Constant congestion about the end arteries will produce structural changes in time.

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### REFLECTIONS AND OBSERVATIONS.

By W. B. Church, M. D., Cincinnati.

[Concluded from page 593.]

Among remedial agencies other than drugs, by far the most important is water. The profession has been slow to recognize this, which seems strange in view of the fact that water is applicable to a greater variety of diseased conditions than any other remedy, and in many cases superior to any other. Eclectics seem

to be waking up to the importance of hydrotherapy. This is shown by several excellent recent articles in different Eclectic journals.

All physicians concede the important part water plays in the economy of nature, and use it in a perfunctory and casual way in sickness. Few have any adequate conception of the many special therapeutic indications. One of the queerest things in the history of medicine, and most often referred to as the climax of medical ignorance and bigotry, is the old antipathy of the old-time doctor to water. So extreme was this that water was denied when most needed, when the most primary instincts realized its necessity. Many stories are told of fever patients who managed to outwit the nurse, and, in one way or another, secure and eagerly swallow large draughts of the forbidden cold water. If disastrous results followed in any case, there is no record of it. All accounts are quite to the contrary. In many cases, however, the whole circumstance was suppressed out of regard for the feelings of the doctor.

The writer had an experience, when a young lad, which is recalled. At my father's house a noted revival preacher lay sick of a fever. Allopathic Doctor **Bean**, long since gone to his reward, attended him. He had been bled freely. His thirst was great, his mouth parched, and he was in a muttering delirium. Strict orders were left by the doctor that he should have no water. Just after midnight, no one except myself being in the room, he called me to his bedside, and, in his most impressive manner, said, "I have had a vision of the Lord. He has told me to have you take a pitcher to the well, fill it and bring it here." This seemed an order from a higher source than Doctor **Bean**, and was promptly carried out. The preacher lost no time in putting the water in that pitcher where it did the most good. It is unnecessary to add, the after consequences were identical with those invariably observed in all similar instances. No amount of reverence for authority can wholly overcome the force of a practical demonstration. Knowledge, based on experience, is the ultimate arbiter of all questions. Still, some relicts of the old antipathy to the use of water in sickness remain to this day. It is usually referred to slightly as the cold-water treatment, with emphasis on cold and in a way calculated to convey the impression of very unpleasant methods. Even among Eclectics one leading light has taken a position of hostility to the bath, decrying it as responsible for pneumonia and other grave disorders. Considering it injurious to persons who are well, it is not likely he uses it in treating the sick.

It is of course quite impracticable in a journal article to treat the large subject of Hydrotherapy. To mention in the briefest way the many therapeutic indications for the use of water, with any attempt to indicate the methods of applying it, would far exceed our limits. We can only illustrate by reference to cases in practice some special advantages it offers in urgent cases as a life-saving factor of the first importance. Every physician likes to recall the cases he has saved after they had been given up by other doctors. To save a human life gives a feeling of satisfaction that can not be expressed in words. Every such case becomes a living attestation of special fitness for the responsibilities his profession imposes. In the great majority of such cases connected with my own experience, the agent to which the credit belongs is water. Hoping to be pardoned the personal allusion, I venture to relate as briefly as possible a few such cases as the readiest means of illustrating the practical importance of the matter.

Mr. C. roused me at midnight, saying his daughter, sick with scarlet fever, had been given up by Dr. B., a homeopath. He requested me to go with him to see her, although he had very little hope that anything could be done for her. Arrived at the bedside a condition extremely forbidding was found. The child, lost to all consciousness, was tossing and throwing herself over the bed, making it necessary for attendants to stand on each side to prevent her from bounding to the floor. This had continued many hours without a moment's cessation. The futility of the remedies in my medicine case was at once apparent, even if she could be controlled sufficiently to administer them. Nothing in the pharmacopeia occurred to me as worth a moment's consideration. Applying my hand to partially restrain the violence of her movements gave an impression of burning heat. Taking this as a clue, ice was ordered. Placing a large piece in a wash bowl of water, two large towels were dipped in the ice water, lightly wrung out, and applied alternately, continuously, changing frequently. The application was made indiscriminately to such part of the body as happened to be uppermost at the moment. After a little more than an hour there were brief intervals of quiet, and a little later snatches of sleep, the first in over thirty-six hours. A such times the towel was not changed until she grew restless again; a few fresh applications more and more readily subdued the excitement, and by daylight, much needed sleep for an hour at a time, was secured. The case now became amenable to other means of treatment, and in due time made a complete recovery.



All severe cases of scarlet fever (a disease characterized by extreme **pyrexia**) that have since occurred in my practice, with one exception, have been bathed in water, cold enough and often enough to modify the fever. In the one exception the parents refused permission, and notwithstanding my urgent protest, and warning that without such treatment their child would die, changed doctors. The two doctors who succeeded me were skillful and faithful, they ran the whole gamut of high and low potencies, but death secured another victim. It was at first intended to consider the hydriatic treatment of pneumonia, and especially dwell at some length upon the value of the cold bath in typhoid fever, as it gives a higher percentage of recoveries than any other treatment; but space will not permit. Two cases are cited to illustrate an important indication that is frequently presented, and is very baffling to ordinary treatment.

The need of a reliable nerve tonic is felt as often as anything in practicing medicine. In neurasthenia, often called by foreign doctors "The American disease," popularly known as nervous prostration, drugs are apt to be disappointing. Hysterical anæsthesias and paralysis, which appear to be still more aggravated forms of nervous disturbance, are quite rebellious to all ordinary treatment. How many physicians know the value of the cold douche as a tonic in such cases? After failure to get results from your favorite combination of bitter tonics and iron, apply the cold douche to the spine, and follow with friction and massage, and you will soon be convinced that you have in this procedure a tonic and restorative vastly superior to anything in the pharmacopeia.

Mr. M. called to see me in regard to his daughter, said she had been going twice a week for a year to a doctor in the city, but had become too feeble to continue. Requested me to meet the city physician for consultation and afterward take charge of the case. At the meeting Dr. H. at once informed me that it was a case of major hysteria, saying, "You know that little can be done for such cases. I have been giving her bromide of strontium and advise continuing it, as I know of no better remedy. The patient was neurotic, presenting many indications of extreme nervousness. There was **semi-anesthesia** of the left side, and **paralysis** of right leg. Had been using crutches for several months. She had also chronic otitis media, causing loss of hearing in one ear.

She was reported to be eating next to nothing, and a great sufferer from insomnia. At my request a trained nurse was secured, and treatment begun, with the understanding that there

should be no interference. She was put upon an exclusive milk diet for the first week, and afterward on full diet. No medicine. The chief feature of the treatment was a cold douche (65°) to the spine every morning, the patient sitting at first with feet in hot water. The fourth day she received it standing, when it was extended to the back of her legs also. The time occupied not more than a few seconds, when a sheet was thrown over her, and the surface quickly dried with friction. Massage of whole body and limbs followed for an hour. After two weeks' treatment, crutches were laid aside, and outdoor walks enjoyed. Appetite and ability of sleep were restored, and before the summer was over she became strong enough to ride a bicycle to her sisters, who lived in the country five miles away.

Mrs. W., young married woman, bedridden for nearly two years. Had been attended by several different physicians, each failing to redeem his promise of a speedy cure. Friends and patient were in despair and began to regard the condition hopeless. A careful examination showed endo-cervicitis as the only apparent lesion. She complained of pains in various localities, with nervousness and insomnia, but most of weakness, inability to make any exertion, or even maintain any other than a supine position. Each attempt to sit up or exert herself in any way had, for a long time, resulted in extreme increased prostration, making it difficult to even draw breath. Consequently special effort was made to prevent her from overdoing. Every want was anticipated and supplied.

It is altogether probable she had been given the indicated medicinal treatment by the successive, but not in her case successful, practitioners who had for two years been prescribing for her. Yet the results were negative. She remained a bedridden invalid. She was placed on practically the same treatment as the preceding case, and improvement was equally prompt and gratifying: in two weeks was on her feet, and daily gaining strength; in three months able to take walks of two and three miles, and do her own housework.

It would be interesting to consider many other matters pertaining to our topic, as it is most fruitful of suggestions, but must defer for the present.

## COMPLETE REMOVAL OF ADNEXA FROM PREGNANT UTERUS, WITH SUBSEQUENT DELIVERY AT TERM.

By J. E. Waddington, M. D., Detroit, Mich.

Mrs. J. P., aet. 32, Canadian, medium build, two children, aet. 6 and 4 years respectively.

Called to see her July 28, 1904. Patient in bed, suffering extreme pain in region of both ovaries, but more especially in that of the left. She informed me that she had never felt well since her first confinement. Menstruation had become increasingly painful, and she would occasionally notice a small lump under the left ribs. Palpation in that region revealed a small lump, but the slightest pressure caused such pain as to prohibit making a diagnosis. Vaginal examination disclosed enlarged, painful ovaries and an enlarged uterus. Attacks of severe pain had been common, especially during the last three years, but never so severe as the present attack. There was a history of occasional morning vomiting during the past three weeks, and no menstruation since May 18. She did not believe she was pregnant because she had frequently missed a period or two and was also subject to attacks of vomiting. Pain eased up somewhat during the next three days and I did not see her again until a week later, when I found her suffering more acutely than before. Everything was tried as indicated with but little result, and patient was getting into an extremely weak condition. Council was called and an examination made under anesthesia. No lump could be demonstrated, but the enlarged ovaries and uterus could be plainly palpated. Husband was informed that wife was certainly pregnant, and that it was in all probability on that account that the chronically sensitive ovaries were now causing so much trouble. Another couple of days was futilely spent in endeavoring to control the pain, and then laparotomy was reluctantly advised. August 17, at Grace Hospital, I operated upon her, making an incision in the median line. A three-months' pregnant uterus disclosed itself with both ovaries cystic and enlarged to twice their normal size, the appendix being slightly adherent to the right tube. No tumor could be demonstrated upon the left side. Both tubes and ovaries were completely removed up to the fundus of the uterus, and the appendix was also removed. Patient took the chloroform very nicely, and was returned to her bed in about three-quarters of an hour from the time she left it. She made an uneventful recovery, leaving the hospital in two weeks, feeling better, she said, than she had for years. She vomited once or

twice every morning while in the hospital, and this, I understood, kept up for about a month after leaving. She suffered very little nausea, however, from the chloroform.

I next saw her at midnight, February 9, 1905. She had been feeling in excellent health since her operation until a few days ago. Found her very much bloated and dropsical, which she had thought simply a gain in flesh and natural to her pregnancy. She complained of an intense dull headache and backache and of some dullness of vision. Temperature 99°, pulse 110. A tablespoonful of her urine, when boiled, almost solidified. She was put into a hot sheet pack and gelsemium and veratrum specific tinctures prescribed in drop doses every ten minutes, and in two hours she was feeling materially better. A daily hot pack was ordered, also a milk and buttermilk diet and a mixture of gelsemium-veratrum and macrotys tinctures prescribed for her. Husband was instructed to 'phone me immediately upon the slightest appearance of a convulsion or approaching labor. February 20 patient had been feeling well enough to do light housework since my midnight visit. Received a 'phone call at noon that she was having slight pains. Had her instantly conveyed to Grace Hospital, where I saw her at 3 P.M. Pulse and temperature normal; complained very much of a dull headache; dropsy was the same as before. At 1 A.M. the next morning delivered her normally of a healthy 6½-pound boy. Headache was neither better nor worse. Urinalysis showed sp. gr. 1006, heat solidified the urine, pus corpuscles and granular casts. At 7:30 that evening patient suddenly became delirious, with convulsions about every ten minutes. Placed her in hot-air apparatus at temperature 250° for twenty minutes, during which she had two severe convulsions. Patient perspired but little after the treatment, and pulse was 160, convulsions continuing as before. I then bled her from both median cephalics, abstracting in all 18 ounces of blood. She had two severe convulsions while the first few ounces were being taken, but these were the last she experienced. Ten ounces normal saline were injected into the pectoral region and she was then perspiring profusely. At 2 A.M. pulse was 140 and stronger. She was semi-conscious and asked for a drink of water. She was placed upon sp. tinctures veratrum and gelsemium, of each one drop hourly, and elaterium 1-20 gr. every two hours. At 7 that evening, just twenty-four hours after her first attack, temperature was 98°, pulse 120 and good. During the next two days bowels and kidneys moved involuntarily about every hour or two and a perceptible decrease was noticed in the dropsy, which was

general. She was now conscious, but recollected nothing of her removal to the hospital and confinement. The vaginal discharge showed a great tendency to clot, necessitating frequent douches. February 24 patient unable to urinate without catheter. She was placed upon glonoin 1-200 every two hours and ten drops of the ethereal tincture ferri chlor. ter die. During the next few days she averaged fifty ounces daily and two or three extremely watery stools, a dose of comp. jalap powder being administered each evening. Nourishment was at first strictly confined to butter-milk and peptonized milk, gradually adding a little toast and crackers. On the seventh day she was able to nurse the babe and so continued. Vaginal discharge, which had always been very scanty, was completely stopped February 27. March 17 patient menstruated and so continued quite freely for five days. March 18, patient dismissed from hospital, feeling nothing untoward except some weakness. The glonoin had been reduced to 1-300 four times a day with the ether. tincture fer. chlor. ten drops ter die, and she was ordered to continue with these for another month and to limit herself to a farinaceous diet. Analysis on this date showed 1-6 of 1 per cent. albumin and no tube casts.

At this date the laparotomy wound is as strong as any other part of her abdomen, and at no time since her operation has given any trouble. Patient is now enjoying the best of health, has put on flesh, and has forgotten she ever had an elusive little lump on her left side.

### EXAMINATION QUESTIONS.

#### *Oregon State Board of Medical Examiners, July, 1905.*

##### ANATOMY.

1. Facial artery—origin, course, and distribution?
2. Subclavian vein—origin, course, and relations?
3. Describe upper third of humerus.
4. What bones and ligaments enter into the formation of the ankle joint? What are the motions of this joint?
5. Name the terminal branches of the musculo-spiral nerve, and give their course and distribution.
6. Describe the membranous portion of the urethra. Where does it lie with relation to the pubic arch?
7. Describe the valves of the left ventricle of the heart.
8. Name and give attachments of the pronator muscles of the forearm.

##### PHYSIOLOGY.

1. How are the vocal sounds produced?
2. What is the daily quantity of food required to nourish the human system?

3. What would be the effect on saliva, and on digestion, if Stenson's duct should be divided?
4. What changes take place in the composition of the blood as it passes through the kidneys?
5. Give the extremes of slowness and rapidity of the heart's action, which are consistent with physical vigor and with ability to perform manual labor.
6. Describe Syncope.
7. Give the process of regeneration of uterine mucous membrane following pregnancy.
8. Give a physiological description of any one of the five senses.

#### DIAGNOSIS.

1. Differentiate between malignant and nonmalignant tumors of the breast.
2. In palpation of the abdomen, mention conditions which would excite suspicion.
3. What are the physical signs in the first stages of pneumonic fever?
4. Give differential diagnosis of malarial and typhoid fevers, third to sixth day of fever.
5. Differentiate between measles and scarlet fever, third day of fever.
6. Differentiate between appendicitis and renal colic.
7. Describe an inversion of the uterus, differentiate from polypus.
8. Give diagnosis of fracture at base of skull.

#### CHEMISTRY.

1. Name five mineral poisons and give their antidotes.
2. Name four antipyretics derived from coal tar.
3. How would you proceed in a case of attempted suicide where strychnine sulphate had been used?
4. Name two ous and two ous salts of mercury.
5. Give modus operandi of a reliable method of ascertaining the presence of diabetic sugar in urine.
6. Give two disinfectants, two antiseptics, and two deodorizers.
7. Define osmosis, diffusion, capillary attraction, and porosity.
8. Give modus operandi of a reliable method of ascertaining the presence of albumin in urine.

#### PATHOLOGY.

1. Describe pathologic appearance of anemia of the brain.
2. Give pathology of thrombosis.
3. Give phenomena attending pus formation.
4. Give causes of hemorrhage.

#### THERAPEUTICS, MATERIA MEDICA, AND PRACTICE.

1. When is a disease sporadic? When endemic? When epidemic?
2. Give the causes, the clinical features, and the pathological conditions of cerebro-spinal meningitis.
3. In what diseases is the microscope advantageous as an aid in diagnosis?

4. Give a short argument, according to your own views, either for or against the use of the x-ray as a diagnostic aid.
5. How would you make a diagnosis of typhoid fever? How would you proceed with reference to diet and treatment after diagnosis is made?
6. Name ten agents which act as specific nerve sedatives.
7. Name five agents which act as specific heart tonics.
8. Name five agents which act as specific liver stimulants.

#### PRACTICE OF MEDICINE.

1. Give symptoms and treatment of acute (non-epidemic) dysentery.
2. How would you treat a case of tænia saginata? Give symptoms.
3. Give the etiology of jaundice.
4. Give the pathology in parenchymatous nephritis.
5. Give etiology and symptoms of acute pleuritis.
6. Differentiate croupous bronchitis from catarrhal pneumonia.
7. Name some of the causes of aphonia.
8. Distinguish cerebral hyperemia from epilepsy, apoplexy, stomachal vertigo.

#### EYE AND EAR.

1. What are the pathological changes which occur in acute purulent inflammation of middle ear? Give treatment.
2. How would you treat a case of impacted wax in the ear?
3. Distinguish marginal blepharitis from chronic conjunctivitis.
4. How could you remove a foreign body from the cornea?

#### SURGERY.

1. Give diagnostic points of dislocation of the radius and ulna backward, with fracture of the coronoid process of the ulna.
2. Give symptoms, diagnosis, and prognosis of fracture of the neck of the femur.
3. Varieties of ulcer of the leg, and their treatment?
4. Prognosis and treatment of periosteal sarcoma of the femur?
5. How would you treat a depressed fracture of the vault of the skull?
6. What are the symptoms and treatment of empyema of the maxillary antrum?
7. What are the symptoms and physical signs of tuberculous disease of the hip joint?
8. Describe operative measures employed for relief of tapes equino-varus.

#### DISEASES OF WOMEN.

1. Does pregnancy in the first four months contra-indicate operations upon the uterus, ovaries or tubes? If so, to what extent?
2. Give treatment for complete procidentia uteri.
3. Give diagnosis and treatment of ectopic gestation.
4. Define antelexion; give causes, symptoms, and treatment.
5. For what conditions should the uterine curette be used? What are the dangers from its use?
6. Define leucorrhea; name most common causes and treatment.

7. Describe the perineal body, and state its function.
8. Upon examination, what difference would there be in a case of subacute cervical catarrh, or ulceration of the cervix?

#### DISEASES OF CHILDREN.

1. Mention the changes which take place in the vascular system after birth.
2. Diagnose a case of acute bronchitis, and mention two complications which often occur.
3. Define chorea; mention causes and give pathology and treatment.
4. Diagnose a case of whooping cough, and tell how you would proceed in its management.

#### DISEASES OF THE NERVOUS SYSTEM.

1. What are the symptoms of tubercular meningitis?
5. How would you distinguish between a typical epileptic seizure and a hysterical attack?
3. Define delusion, illusion, hallucination, giving illustrations.
4. Give symptoms and course of locomotor ataxia.

#### HISTOLOGY.

1. What is the meaning of the term histology?
2. Describe microscopic appearance of tubercle bacillus.
3. Describe microscopic appearance of typhoid bacillus.
4. Name four of the principal tissues of the body.

#### MEDICAL JURISPRUDENCE.

1. In a supposed case of infanticide, how would you determine if a baby was born dead or had lived?
2. Describe one or more methods for determining the presence of blood stains on clothing.
3. How definite or positive is it possible to define blood stain as to its being human blood or that of some animal?
4. How soon after death does rigor mortis begin?
5. Appearance of stomach after poisoning by mineral acids?
6. What are symptoms of strychnine poisoning?
7. How soon after strychnine is taken should symptoms appear?
8. Describe symptoms in hydrocyanic acid poisoning.

### EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

#### INTERTRIGO.

This condition is most frequently found in young children, especially among those who are compelled to wear the "cute" caps which press the auricles close to the sides of the head. When this is continued for some time, the action of the body temperature and moisture causes desquamation of the superficial epithelium, exposing the deeper layer of the integument to the air.



Hypersecretion from the denuded areas increases the condition, and the intense itching causes the child to still further irritate the parts. The posterior surface of the auricle and the corresponding area of the side of the head presents a reddened appearance, and an abundance of serum covers the denuded parts. The tissue of the affected area is not thickened, which differentiates the condition from eczema, but the latter soon follows if relief is not promptly given. Illy nourished children appear most susceptible, and hereditary predisposition to skin affections also seem to have an influence in producing this condition. Lack of cleanliness is also an undoubted factor.

*Treatment.*—Separation of the denuded surfaces, and a covering of some of the dusting or toilet powders is all that is required as a rule. Cleansing of the parts with unirritating soaps, and in some cases the use of an ointment of eucalyptus will also be necessary.

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### ECZEMA.

This may be either acute or chronic in character.

*Etiology.*—The causes are not well understood. Hereditary predisposition, as a gouty or rheumatic tendency, scrofula, may have an influence, while disturbances of the alimentary canal, improper food, etc., are often followed by this condition.

Local causes are important factors, as the discharge from a suppurating otitis media, if long continued, is very liable to cause eczema. Lack of cleanliness may also produce this condition, especially where there is a predisposition to skin diseases.

*Symptoms.*—In acute attacks there is often a sensation of burning or discomfort at some part of the auricle. In children this is usually at or near the junction of the ear with the side of the head, but it may affect any portion of the auricle. An intense pruritus soon follows, and the scratching of the parts increases the irritation. The surface is reddened and desquamation of the superficial epithelial layer soon occurs; a moist serum exudate covering the surface, or later crusts, which on their removal reveal bright-red surfaces. A vesicular form may be present, the vesicles soon becoming pustular and rupture, covering the surface with thick, dirty, yellowish crusts, a slight hemorrhage often following their removal.

In the chronic type a part of, or the entire auricle may be affected. It is characterized by either a dull pinkish color, the surface being glossy as though the skin was thin and tense, or as though the superficial epithelium was exfoliated too rapidly, the surface being irregularly covered with fine whitish scales or crusts.

The intense itching causes the patient to pick off these scales, and often abrasion of the skin follows these efforts, which augments the condition. The unabraded surface has a smooth feeling to the touch.

*Pathology.*—In both forms there are true inflammatory changes in the deeper layers of the integument, which do not vary particularly from those of mucous membranes. Palpation reveals the thickened condition of the parts, showing that an infiltration has occurred.

*Diagnosis.*—Attention to the symptoms usually render the diagnosis easy.

*Treatment.*—This necessarily is directed to the exciting cause, whether local or systemic. The administration of arsenic in some form in chronic conditions is usually beneficial. Saline cathartics are also often required. Podophyllum, chionanthus, nux, rhus tox., or hydrastis may be indicated. The local use of salicylic acid ointment in the dry, scaly form will usually afford relief and hasten a cure. In the moist form the ointment of eucalyptus, or the stearate of zinc co. with eucrophen or tar will often be most grateful to the patient. Liquid preparations and frequent bathing of the parts usually increases the trouble. Protection from the air is especially important in the moist forms.

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## THE CARE OF THE EYES.

Whatever promotes general hygiene is beneficial to the eyes. One should avoid reading while lying down or when exhausted, and sudden changes from the dark to brilliant light. Unspaced type is injurious. Reading on the cars is bad for the eyes, by reason of the oscillating movements requiring the paper to be held too near, causing overwork of the muscles of accommodation. One should carry the head erect and avoid tight neckwear, which causes passive congestion of the head and eyes. Fox advises bathing the eyes twice daily with cold water up to 40 years; and after 50 with water as hot as possible, followed by the cold. The first symptoms of failing sight are hypersecretion of tears, burning of eyelids, loss of eyelashes and congestion of the mucosa.

Special care of the vision should be exercised by bookkeepers, typewriters, printers, proofreaders, etchers and engravers. All those engaged in near work should take short intervals of eye-rest. Fox suggests a thin piece of tin sheeting, colored green, blue or black, or a neutral-tinted blotting pad, to be placed under the glazed page while adding up accounts. A shade over the

eyes to protect them from the direct rays of light, is very useful. Neutral (arundel) tinted glasses may be used by persons working under high pressure. If possible, the light should come over the left shoulder, and cross-lights are to be avoided. The pure white light of the Welsbach burner and electric bulb lacks diffusive power, and is not good for constant work. A pink or arundel shade should be used around the base. Reflectors cause eye-strain. Incandescent burners are generally not removed often enough. Blank walls strain the eyes; green discs on the wall and pastoral scenery give relief.

In the first six months of life we should guard the eyesight most carefully from the direct rays of the sun and from clouds of dust. During infancy and early childhood the predominating refractive anomalies are hypermetropia and astigmatism, alone or combined. In the early school years many of these cases pass from the hypermetropic into the myopic defect "through the turnstile of astigmatism." To prevent amblyopia ex anopsia in a squinting eye, proper glasses should be fitted as soon as the child begins to read. Ocular defects are a common cause of apparent mental dullness in children. Asthenopia, chorea and migraine may also depend on errors of refraction.

Myopia is a disease of civilization. Proper adjustment of glasses prevents increase of the defect, as well as headaches and other complications. Full correction for near and far vision should be obtained all the time. Frequent re-examination and, if need be, refitting of the patient should be insisted upon. Myopic persons should work only by daylight, with frequent rest to the eyes. Stringent restriction of near work is indicated in high, progressive myopia. To prevent myopia all books, sewing, etc., should be held at a distance of at least 25 c.m. from the eyes, the position of the body should be comfortable, and oblique positions of the head must be avoided. Plenty of sleep and outdoor exercise are of prophylactic consequence.

Although the staphylococcus pyogenes aureus is the predominating organism in acute catarrhal conjunctivitis, the primary cause is the conjunctival hyperemia, so common in large cities, arising from dust, smoke, bright lights, strong winds, exposure to cold and reflex ciliary strain. The sanguinous exudate furnishes a favorable nidus for the rapid propagation of the germs normally present in the conjunctival sac.

Workers in iron, steel and stone should protect their eyes by the use of large spectacles containing plane glasses, unless special lenses are required for ametropia. Snowblindness can be pre-

vented by wearing smoked or tinted glasses, but the continued use of these increases the sensitiveness of the retina and makes asthenopic conditions worse.

The leucorrhea of pregnant women is infectious in from 20 to 40 per cent. of cases. To prevent ophthalmia neonatorum the woman's genitals should be bathed and syringed with antiseptic solutions before and during confinement. Trachoma is a strictly contagious disease, occurring generally in those who have no regard for the ordinary principles of cleanliness.—Denver Med. Times.



## PERISCOPE.

### THE MENTAL SIDE OF THE CONSUMPTIVE.

About a year ago one or two articles appeared in the journals stating in effect that tuberculosis caused mental and moral degeneration in its victims. This curious notion was immediately combated by writers of large experience in the disease. The alleged deterioration was apparently only another manifestation of that many-sided disease, phthisisphobia; as a result, however, attention has been called to the mental side of the consumptive. One of the best contributions to the subject appeared recently in the *Cleveland Medical Journal*, and was written by Dr. G. H. Fitzgerald, of Albuquerque, N. M.

Albuquerque is a good place in which to study the consumptive from any view point. Many "lungers" can be found there at all times. Some have recovered and are living busy lives. Some are simply resting and hoping. Some have gone there after all possible chance of benefit was gone.

Fitzgerald calls attention to a fact often neglected:—that mental activity is a drain on the vitality, as is physical activity; that rest should mean mental rest as well as physical rest. In the initial stages there is no change in the mentality of the patient. But patients who have done excessive mental work may have so lowered their vitality as to make them easy victims to the disease.

The author believes that the dread of the disease shown by the general public is sometimes unfortunate in its effect. That the victims knowing this dread are diffident and timid, and avoid society out of regard for the feelings of others. That this leads to depression and melancholy. The writer of this article believes that the danger of contagion has been made unduly prominent by many with disastrous results. The consumptives are not the

selfish and inconsiderate ones, but their friends and relatives, those who should take care of them, are the ones with the mental twists.

Fitzgrald says optimism is not the universal attitude of the consumptive. This is true. There is nothing that will cause depression swifter and surer than to tell a person he or she has consumption. After a time, though, as the patient becomes accustomed to the idea, this may wear off to a certain extent. From the beginning, if rest is indicated, mental rest should be enjoined. Mental rest does not mean doing absolutely nothing, because that would mean despondency, perhaps despair. The patient would think about nothing but his condition. The consumptive needs a little mental stimulus, something to entertain or amuse in order to keep the mind off himself. That is one of the most important indications in treatment.

In the later stages of the disease different patients will be affected differently. Some will be optimistic, always claiming to be better, whether improving or not. Others will be peevish, cross, disappointed. The fact that life, for them, is drawing to a close makes them angry. But this is so in any fatal disease.

By the homoeopathist the mental condition is always taken into account. In the consumptive this varies with the character of the patient, tuberculosis has nothing to do with it any more than any other disease has. In all diseases, chronic or acute, mild or severe, whatever the nature, some patients will be optimistic, some pessimistic; some resigned, some hurt and angry at their misfortune.—Editorial, *N. A. Journal of Homoeopathy*.

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### PNEUMONIA IN CHILDREN.

One can not read the interesting paper of Dr. Byres Moir, in *Monthly Homoeopathic Review*, and the discussion which followed its presentation without feeling deeply impressed by the unanimity of opinions expressed by the members of the British Homoeopathic Congress upon this important subject—the treatment of Pneumonia. The comparative statistics given by this essayist are startling. A mortality of only three per cent. in croupous pneumonia, and only sixteen per cent. in broncho-pneumonia, in children up to the age of five years. This is against a mortality which is usually put at from 4 to 12 per cent. in croupous and from 30 to 50 per cent. in broncho-pneumonia. And yet the remedies prescribed were few and simple. Aconite and *Veratrum viride* in the early stages, antimonium tartaricum in broncho-

pneumonia, phosphorus and bryonia in the croupous variety; iodide of arsenic in the convalescent stages. Not a single dose of laxative medicine was given in any one of the 233 cases. Dr. Hayle stated that in an experience covering 25 years, he had lost but four cases of lobar pneumonia. This physician obtained his results from aconite *l.r.* or tincture in the first stage; then phosphorus every four hours and bryonia each hour in the second stage; if the temperature went above 104 degrees, he gave veratrum viride *l.r.* or tincture instead of bryonia, still keeping on with phosphorus every four hours. He believed phosphorus to be the sheet anchor in lobar pneumonia, while the less deeply acting remedies should be given between the doses of phosphorus. In catarrhal pneumonia, he gave antimonium tartaricum every four hours, with ipecacuanha each hour.

Dr. Newberry thought that our remedies were better than poultices. He believed poultices had killed children who might have recovered without them. Tartar emetic and sulphur were his favorite remedies. Dr. F. H. Bodman said that aconite *3.r.* was preferable to the *l.r.* The latter had sometimes produced symptoms of collapse in children. Dr. Lambert praised chelidonium when the affection was upon the right side, and when there was a yellow diarrhoea. Dr. Speirs Alexander reported a case of rightsided pneumonia with jaundice, that had recovered under chelidonium *3.r.* The condition was most serious. Dr. Wynne Thomas had found the Leiter ice water coils very useful. Dr. Dyce Brown thought that pneumonia might sometimes be aborted by aconite. The hopeful attitude of these men and their splendid results from simple homoeopathic treatment is in marked contrast to the doleful experience and hopeless expressions of some of our friends who will not believe.—*The Hahnemannian Monthly*.

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#### TEA AND THE EFFECTS OF TEA DRINKING.

While every one knows that it is wrong to boil tea, to draw from it as much of its astringent principles as possible, yet there are few who pay any practical regard to the warning not to prepare tea in this way. It can not be too widely known that not only is theine the most essential constituent of tea, but also that it is almost as quickly soluble in hot water as is sugar, the making of the infusion therefore is complete in a few minutes. Dr. W. Scott Tebb, public analyst to the metropolitan borough of Southwark, England, after a series of investigations, concluded that we

drink too much tea, and that tea should be infused (not stewed or decocted) for no longer a period than five minutes. A hot infusion of tea (as Indian tea) when allowed to cool yields a considerable deposit, containing both tannin and theine. The former is a precipitant of many alkaloids, and a strong solution of either tannin or tea is directed to be administered in certain cases of poisoning by alkaloids. It is probable that the physiological action of an infusion of tea is not identical in every respect with that of pure theine. The tannins comprise an exceedingly numerous class of substances, the members of which do not behave physiologically or chemically in the same way. Tannin is present, for example, in tea, coffee, and cocoa, but the astringent properties of the three beverages are very different, though the actual amount of tannin consumed may be the same. The use of milk with tea is a wise precaution, and must be regarded as a sound physiological proceeding, since the proteids of milk destroy astringency and probably prevent the otherwise injurious action of tannin on the mucous membrane of the stomach. In the intestinal juice the proteids are separated, and the tannin probably combines with the sodium salts. The immoderate drinking of tea is an unquestionable evil, but, on the whole, we are inclined to think that the evils of tea drinking have been somewhat exaggerated. The real difficulty is to convince people that a lightly drawn infusion is the only proper method of preparation.—*Editorial in Medical Bulletin.*

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#### THE DIETETICS OF DISEASES OF THE STOMACH.

Robert Hutchinson, M.D. (*The Practitioner*), states that when the dilatation is slight and of the atonic type, without true pyloric obstruction, the meals should be small, dry, and mainly of animal constituents. The atonic stomach deals only with difficulty with a mixture of liquids and solids, consequently the patient must not drink with his meals. The necessary amount of liquid may be made up by taking sips of hot water between times. All saccharine articles should be avoided, and the starchy constituents restricted to rusks, torrefied toast, or pulled bread; thus the production of flatulence is reduced to a minimum.

Should there be actual obstruction at the pylorus, with stagnation of the contents, one must begin by cleansing the stomach by thorough lavage, which may be repeated daily, and the diet should consist largely of milk, peptonized if necessary, and administered frequently and in small amounts. The milk may some-

times be enriched by one of the concentrated proteid foods, and a limited quantity of starchy food in the form of biscuits or rusks may usually be allowed with safety.

Patients with pyloric obstruction and copious vomiting, or in whom lavage is being carried out, are very apt to suffer from a deficient supply of fluid to the tissues, and much of the cachexia and wasting, which they exhibit, is due to this cause. In such cases the supply of fluid should be supplemented by the administration of water by the bowel, a pint of normal saline being injected night and morning. If this be omitted, the excretion of waste products by the kidneys is apt to become interfered with and uræmic symptoms may supervene.

### SABAL SERRULATA.

To obtain the marvelous therapeutic effects of this drug it is necessary to use a tincture of the fresh fruit. Preparations from the dried fruit, and still more from the root, have no therapeutic value.

It produces headache with vertigo; burning in the mouth, progressing to the throat, palate and nose; sneezing and lachrymation. The larynx and trachea are also involved, inflamed, with transient alterations in the voice. The kidneys (and ovaries) are irritated, with bloody urine. Bladder pain, tenesmus, sensation of stricture on urinating. Urethral catarrh. Retraction of the testes, with sensation of genital debility, even with frequent erections. Testicular pain. It acts also on the prostate, due probably to its chief sphere of influence, the lumbar cord. The temporal and supra-orbital nerves also suffer.

Congestion of the ovaries, particularly the left; the mammæ are very sensitive. Vulvar pruritis. Retarded menses with sensation of general fullness.

The above pathogenesis establishes the diseased states in which it is useful. It is considered specific in prostatic hypertrophy, and acts upon the bladder and urethral tissues, aiding micturition. It also acts upon the breasts, enlarging and fattening, with a tonic effect, thus increasing the flow of a nutritious milk.

It may be commended in female disorders with weakness, scanty menstruation, leucorrhœa, mammæ flaccid and fallen, disorders or lack of sexual desire. There is no doubt that it reanimates the sexual sphere even if material lesions exist.—*Dr. Pinart. Revista Homeopatica de Barcelona.*



### A SCIENTIFIC DIAGNOSIS.

"What is your diagnosis?" asked the older physician of his young confrere, who is earnest but inexperienced, and who has been called in consultation.

"Well," said the young medico, "there doesn't seem to be much the matter. The patient has a slight fever and some little tightness of the chest. I should say there was nothing more than a cold bothering him."

"My boy," said the older man, kindly, "you have gone about it wrong. Note these symptoms: A white marble stairway in the entrance hall, gold furniture in the parlor, cut glass and silver galore in the dining room, a solid mahogany"—

"But what has that to do with the sickness of Mr. Gumpurse?"

"It has lots to do with it. The man has congestion of the bank account, and the proper move for us to make is to relieve that as much as possible."—*Judge*.

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### SURGICAL SUGGESTIONS.

The temptation should not be yielded to to incise a psoas, hip, or other cold abscess, except in isolated instances, and then only under the most rigid asepsis. The production of a mixed infection means chronic sinus, chronic invalidism, and often amyloid disease.

Children who complain frequently of pain in the stomach should be examined for evidence of beginning Pott's disease. Such cases treated before the development of curvature usually yield very satisfactory results.

Before operating for pharyngeal adenoids or hypertrophied tonsils, make sure that these are not merely an expression of status lymphaticus. If they are, do not employ an anesthetic. Also determine whether the patient is a hemophiliac. If he is, do not operate at all.

When applying a plaster dressing to the leg always include the foot if the patient is to be confined to bed; otherwise "drop foot" will develop.

In typhoid fever, spontaneous rupture of the spleen may simulate intestinal perforation.

## Eclectic Medical Journal.

A Monthly Journal of Eclectic Medicine and Surgery. \$2.00 per Annum.

JOHN K. SCUDDER, M. D. MANAGING EDITOR.

ASSISTED BY THE FACULTY OF THE ECLECTIC MEDICAL INSTITUTE.

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Articles on any medical topic are solicited, which will usually be published the month following their receipt. One hundred reprints of articles of four or more pages, or one dozen copies of the Journal, will be forwarded free if the request is made when the article is submitted. The editor disclaims any responsibility for the views of contributors.

### CHRISTMAS.

Somethin' pecoolyer 'bout the season  
 Called Christmas. This is the reason:  
 It allus wuz  
 A comin' an' allus does  
 Come. But say, Doc,  
 Goin' to hang up yer sock?  
 An' if you do—  
 Jes' twixt me an' you—  
 What do you 'spect to git  
 In it?  
 Do you 'spect the cuss  
 Which he beat you wuss  
 Than ever the last time,  
 Will rake up a dime  
 (Becaze his conscience rakes him so)  
 To ricklessly blow  
 Into that air sock o' yourn?  
 Do you 'spect that durin'  
 The night yer sock'll fill  
 Ontil  
 It purt-nigh busts, with dues  
 You ort to had to use  
 In payin' fer drugs you gave  
 To keep the scalawags out'n the grave?  
 I ain't no prophet, Doc,  
 An' I ain't cock-  
 Sure of nothin', but I'll make a guess:  
 On Christmas mornin', you'll find yer sock chuck full of—  
 emptiness;

But still  
 You will  
 Go straight ahead  
 A doin' the same things till yer dead—  
 Ransackin' yer brain to save the life  
 Of a porper, er his porper wife;  
 Doin' both the doctor's an' the preacher's parts,  
 A bindin' up broken arms an' hearts;  
 Soothin' the sufferin' with words that cheers;  
 Wipin' away widders' an' orphants' tears;  
 Hatchin' fer the child some glad surprise;  
 Lookin' hope into streamin', pleadin' eyes;  
 Wipin' the death-damp from the brows  
 Of dyin' ones as they gasp their vows;  
 Huntin' an' supplyin' yer neighbor's needs,  
 An' fillin' yer life with noble deeds.  
 Dear Doc, you've chose the better way,  
 An' you'll stick to it till Jedgment Day;  
 You mayn't git wealth, ner git renown,  
 But yer "addin' jewels to yer future crown."

COOPER.

### THE JOURNAL FOR 1906.

Our JOURNAL, which was originally issued under the title WESTERN MEDICAL REFORMER, in 1836, is now entering on its sixty-sixth year.

When we look back over four generations we can but faintly realize the vast amount of good work done by the Fathers of Eclecticism—Morrow, Beach, Buchanan, Newton, King, Scudder, Howe, Jeancon, Locke and a host of others. Need we say that the earnest work of these men is appreciated by every one, and that it is our sincerest ambition to see the ECLECTIC MEDICAL JOURNAL improve each year? This is the hope of all our regular as well as our special contributors.

Beginning with the January issue, THE JOURNAL will be slightly enlarged, and much improved mechanically.

A new department, under the charge of Dr. Felter, will be titled "A Retrospect of Eclectic Materia Medica and Therapeutics."

Professor Stephens, of St. Louis; Professor Mundy, of Forest, O., and Dr. William Colby Cooper, formerly editor of *The Gleaner*, will continue their editorial contributions.

We have entered into a special clubbing arrangement with the

*Cosmopolitan Magazine*, of New York, by which we can send both our JOURNAL and the *Cosmopolitan* for \$2.25.

We wish all our readers a Merry Christmas and a Prosperous New Year.

SCUDDER.

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### GELSEMIUM.

Gelsemium should be made from the rhizome and root of the green or fresh plant, *Gelsemium Sempervirens*. The plant belongs to the Natural Order Loganiaceae, to which order belong also the *Strychnos* and *Spigelia*. It is a native of the Southern States, extending from Virginia to Florida, being commonly known as yellow jasmine, or Jassamine, or wild woodbine.

The drug, or rather, plant, contains an alkaloid Gelsemine, Gelsemic acid, a resin, volatile oil and Gallic acid.

Its principal action is upon the nervous system, especially affecting the base of the brain, the splanchnic nerves and the spinal cord.

That Gelsemium exerts a powerful influence upon the nervous system is shown by a study of its physiological action. In moderately large doses it produces languor and a condition of repose. There is a slowing of the heart, drooping of the eyelids, dilatation of the pupils and muscular feebleness. If the dose be increased, there will be added vertigo, double vision, amblyopia, slow and feeble action of the heart and anaesthesia. Should the dose be sufficient to produce death, the gait becomes staggering, there is a loss of muscular power and of sensation. The pupils fail to react to light; the tongue becomes paralyzed; the respirations labored, shallow and irregular, the action of the heart feeble and intermittent, and death results from asphyxia, the action of the heart ceasing after the respiratory movements have ceased. Its paralyzing action is therefore chiefly upon the motor centers.

Johnson, in his "Medical Botany of North America," says it should be used with great caution, claiming we possess agents better adapted to the allaying of inflammations, the agent being chiefly used for that purpose. This may be true, but, personally, we prescribe Gelsemium with as much assurance as we do any remedy we use. If we should be asked, What remedies do you use most? we would unhesitatingly answer, Aconite and Gelsemium.

Bartholow says: "It is indicated where we have exaltation of function in either the motor or sensory sphere of the nervous system." Felter: "In inflammatory conditions of the brain and spinal cord." Scudder: "In sthenic inflammatory cases, with

determination of blood to the nerve centers." These brief extracts indicate the conditions in which the remedy is chiefly used.

In fevers and inflammatory conditions in any portion of the body, with marked nervous irritability or a tendency to convulsions, or nervous twitchings of the muscles, we always use it.

It is also of value in neuralgia, with the same nervous erethism exhibiting itself. We have thus used it in facial, sciatic and intercostal neuralgia. In the spasms of childhood we know of no better remedy. It is also of value in puerperal convulsions. In spasmodic stricture of the urethra, it has seldom disappointed us. It also possesses value in the early stages of specific urethritis, allaying the inflammatory conditions and checking the tendency to chordee.

We have used it in dysmenorrhoea and ovarian neuralgia. In amenorrhoea, when the suppression results from chilling or of taking cold, we know of no better combination of remedies, nor of any more positive in action than that of Gelsemium and Pulsatilla for this condition.

Scudder classifies the remedy as a sedative, febrifuge, anti-spasmodic and narcotic. It certainly has a very wide range of action. Its specific indications are: Fever with a high degree of nervous excitement, as shown by the bright eyes, contracted pupils, flushed face and restlessness. There is a quick, sharp stroke of the pulse and evidences of determination of blood to the brain.

We use specific Gelsemium gtt. x to xxx to a half glass of water; dose, teaspoonful. We have given it in half-teaspoonful doses in puerperal convulsions and spasmodic stricture of the urethra, with no ill results.

MUNDY.

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### THE ADMINISTRATION OF DRUGS.

There is too often an ignoring of the necessary method of giving drugs. With very few exceptions the action of a drug is manifested only after absorption. The mucous surfaces must be in a condition to promote absorption when drugs are administered in the usual manner. In hypodermatic medication the receptive condition of the mucous membrane is not so important, as the drug, in solution, is introduced almost directly into the circulation, although under ordinary circumstances not directly into a blood vessel. The absorption of a drug by hypodermatic medication is usually rapid, hence this method is often necessary in emergency cases, but under ordinary circumstances the slower and continued absorption through the mucous tissue gives the best results.

When drugs are given in the form of powders, pills or tablets, unless plenty of water is taken with each dose, usually the mucus must act as the solvent before absorption occurs, and often this is an extremely slow process, especially with some pills. If the remedy is in solution when administered, absorption is more rapid, and the effects of the drug are obtained and controlled more easily than by any other method of administration. This is the reason that unsatisfactory results so often follow the prescribing of drugs in solid form. Either cumulative effects, or none at all, are frequently reported, especially when pills are prescribed.

In cases where there is considerable gastric disturbance, and the mucous membrane of the stomach is unable to absorb remedies easily, or comparative rest of the stomach is desired, remedies either in the form of soluble preparations or concentrated fluid drugs may be placed on the tongue. The effect of a drug administered in this way is but a little less rapidly obtained than by the use of the hypodermic syringe, and is more rapid than when taken into the stomach.

In giving drugs, the physician should endeavor to have them as palatable as possible. Manufacturers aim to do this by means of elegant pharmaceutical preparations, but too often this is at the expense of therapeutic efficacy. Medicines are usually **nauseous** enough at the best, and the efforts to disguise the remedy simply results in a compound more sickening than though no effort to mask the taste had been made. The vehicle used for giving the medicine should be neutral. If alkaline, the alkaloidal constituents of the vegetable drug or drugs prescribed are usually precipitated, and if the menstrum is acid, the bitter taste is accentuated. When chemical agents are employed for disguising the taste of drugs there is a probability of some chemical change in the drug constituents, and the effects expected are liable to be conspicuous for their absence.

Sugar as a preservative is frequently used, and if there is a sufficient amount to make a heavy syrup, the drug will be preserved a reasonable length of time, but unfortunately some patients do not readily digest sugar, fermentation resulting, and gastric complications follow. Alcohol is a preservative, but is objectionable in some cases, especially as the proportion required is approximately fifteen per cent. to prevent fermentation. When it is necessary to administer the medicine frequently, the effects of the alcohol may be undesirable. Chloroform water is frequently employed, and in many instances is of value where there is irritation of the stomach, but the same objection is present when

the dosage is frequent, as with alcohol. In several instances the effects of the chloroform were very marked.

A combination which has proven satisfactory in the greatest number of cases is alcohol and glycerin *aa. q.s.* Half a fl. ounce of this will prevent fermentation in practically any prescription given, and is not too sweet from the glycerine, nor too strong of alcohol to be objectionable to the majority of patients. It is a good idea to have a few flavoring solutions, as orange flower, or winter green, especially for chronic cases, where medicine is to be taken for a considerable period. The flavoring should not be added in sufficient quantity to predominate, but just enough to slightly change the taste of the drug. The patient will feel that he is not taking the same medicine all the time when the taste is modified occasionally, and this will often prove beneficial, as the mental impression has more to do with the improvement of our patients than we are generally willing to acknowledge.

Usually plenty of water should be taken with the medicine, as it is conducive to better action of the drug, and also the water possesses a marked remedial action by increasing the activity of the excretory system. It really is a question in some cases whether water in liberal quantities does not have more to do with effecting a cure than the drugs prescribed, as an instance the benefit resulting from a visit to many of the springs where health resorts are founded.

FOLTZ.

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### CRIMES AND CRIMINALS.

In every human being there is an embryonic element of crime. Somewhere in the convolutions of every brain are cells that generate the impulse to commit acts ranging in degree from minor misdemeanors to revolting crimes, governed only by the degree of moral development in the individual. As the moral sense develops, that which is base in the individual loses its force, being held in check by the conscience. In other words, conscience sits in judgment of every act of man.

"My conscience hath a thousand several tongues,  
And every tongue brings in a several tale,  
And every tale condemns me for a villain."

—*Shakspeare.*

As the moral faculty develops the lower traits sink deeper from the surface and are at length held fully under the control of the higher. But for all this the impulse to depart from the straight and narrow way still adheres. For instance, the impulse

to appropriate that which belongs to another is inherent in the entire animal kingdom. In the early period of the human race this tendency was very strong in all. Not so very long ago the injustice of robbing one's neighbor was not considered. Desire and how to satisfy it was the ruling passion, and any means that worked to the end desired was adopted. It was no disgrace to despoil another of his goods. Hence nation preyed upon nation, tribe upon tribe, and man did likewise upon his fellowman. Gradually a sense of right and justice had birth. This was a natural product of evolution in the brain of man. He slowly grew to a conscious realization of individual rights which did not depend upon physical strength or cunning. Those who acquired the moral supremacy became free or comparatively free from the impelling force of the criminal instinct. Naturally he demanded an equal morality in all others. Operating against this demand was the force of heredity and lack of development. In order to enforce the demand for universal righteousness this moral man invented every conceivable horror to inflict on those who erred. These horrors took the form of acts and objects which would cause the most physical pain, as fear has been one of the ruling passions of the race. Governments were built upon this basis and stood so long as fear predominated. They crumbled when fear dissolved. Religions were built upon the same foundation. In spite of all this the impulse to do certain things not sanctioned by right and justice continued, and will continue so long as the evolutionary forces working in the individual fail to raise him to a plane of moral rectitude.

A purse lying on the pavement has the same primary and involuntary effect upon every individual who may discover it, *i. e.*, on the impulse of the moment to possess it; to appropriate its contents to his own use. But to those who by moral development have buried the criminal instinct, the knowledge of right as dictated by his conscience impels him to return the purse to its owner. The difference between the thief who steals the purse and the man who overcomes the first impulse to keep it is measured by the distance between animality and moral supremacy. Perfect morality is a straight line. Any deviation from this line is in the direction of crime, a moral obliquity. As primitive man was destitute of morality, but by development grew moral, it is not difficult to see why the criminal instinct remains a part of his nature, though held in check by the higher faculties, said faculties being the result of cultivation and operating in a manner governed largely by environment.



Is the criminal then to be too severely condemned? Is it right, is it just to hold him to the same standard of accountability as the man who commits no crime because Nature has done more for him? The one who commits murder is following the impulses inherent in the race. The uncultivated Negro who attempts to defile a Caucasian female is the victim of the same ungovernable brutish impulse as the billy-goat which attempts the same act against another animal not of his kind. No sane person would think of roasting the goat at the stake or hanging him by the neck until he is dead. The man is either roasted by the mob or strangled by the State. Society has for ages tried to stamp out crime by punishment and acts of revenge. Society commits a crime to obliterate crime, but crime lessens only by and through natural laws working in mankind. Brutality begets brutality, and to assume the privilege of being brutal only prolongs the period of growing out of crime. The criminal is the victim of an inexorable law of his being over which he has no immediate control, and we ought to remember that it requires ages to develop the perfect man. I believe, to deal sorrowfully with the erring, the criminal if you please, will do more to hasten the progress of the human race than anything man can do. To recognize crime as a defect to be intelligently guarded against would be to lessen criminality. Kindness begets kindness even in the beast. Let us be kind.

STEPHENS.

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### PODOPHYLLUM.

Podophyllum is sometimes called the eclectic calomel, a liver remedy. It is not, however, a substitute for calomel, although it is, without doubt, a brisk cathartic in proper doses, but a very unpleasant one, and as such is rarely used by eclectics.

Podophyllum is indicated by full face, full, oppressed pulse, full, dirty, yellowish-coated tongue, dizziness, floating specks before the eyes and mental dullness. Such conditions as the above are quickly relieved by the  $\frac{1}{4}$  or  $\frac{1}{2}$  grain podophyllin pill. But podophyllum has a still wider field of action, and its usefulness grows upon the practitioner as years add to his experience. This remedy not only induces active catharsis, but in smaller doses arrests chronic diarrhoea and dysentery. In dysentery with frequent small mucous discharges a triturate 1-100 podophyllin in 5 or 10-grain doses will act like a charm in relieving the condition. We have used this remedy so long and with such unvarying success in chronic mucous dysentery that it has become "routine."

The 1 to 100 trit. pod. is an accelerator of digestive processes

and acts as a stimulant to the ductless glands. This drug admirably fits the conditions which were relieved by what the older physicians called "alteratives," a term now deservedly obsolete. A beautiful instance of the application of the principles of specific medication is shown by the use of podophyllum for the relief of cough. When a patient comes with a cough and that general fullness and dirtiness of tissues, this medicine will rapidly cure when the classical cough remedies fail. The podophyllin and hydragristia pill is famed as a remedy for chronic constipation, and as such needs but a trial to convince. WATKINS.

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### POISONS THAT LEAVE NO TRACK.

A poison so subtle in its workings that the inventor dare not put it on the market lest widespread death might be the result is in the hands of L. D. Cooley, of Kalamazoo, Mich. Although he claims that it is powerful enough to rid a house of all vermin by a single application, Cooley fears that the user might perish in applying the poison. Cooley will not even tell whether his poison is powder, liquid or gas. Recent experiments attested to by reputable business men show its efficiency. A restaurant was cleared of flies in three hours. In preparing the death-dealing matter, Cooley was assisted by experimenting chemists of the University of Michigan. Four chemicals were used, each harmless in itself. "I will not put it on sale," said Cooley, "for it might become a universal murder agency. It leaves no trace of its use, simply a dead body. Such a thing is too dangerous to permit of general handling."—*The San Francisco and Pacific Druggist* (September, 1905).

Concerning the above, it may be of interest to state that one phase of the folk-lore study of Kentucky, known as "Stringtown on the Pike," was the poison scene in which, toward the last of the book, Samuel Drew commits self-destruction, or at least appears to do so, so far as the reader is concerned, by means of a subtle poison that is incapable of identification by any of the present known methods and chemical tests. It is furthermore stated that this poison was the product of an unknown drug, the bulb of a plant that came to Professor Drew by reason of his position as an expert in chemistry, the statement being made that the bulbs of this plant had killed certain persons by the methods that thus became known to Professor Drew. This part of the book, like many other features based upon actual experiences, was considered by many as a work of the author's imagination. But the fact is, as was told to many who asked the question, both by letter and by word of mouth, the description of the poison given in

"Stringtown on the Pike" was as nearly parallel to a statement of fact that came before the author of the book, in the course of his chemical work, as it was possible to make, and, be it added, for the reasons expressed in the editorial above quoted, the name of the plant yielding the bulb was never divulged. It stands to-day, excepting as paralleled in "Stringtown on the Pike," unknown to science.

LLOYD.

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### HERNIOTOMY.

Hernia is a frequent disability, and has naturally received a good deal of attention from both physician and surgeon.

The vast majority of its victims depend for relief on some kind of a truss. The great variety of trusses in the shops, and the many new devices proposed, is sufficient proof that none of them is entirely satisfactory.

Certain cases, in favorable environment, manage, with some form of truss, to get along with so little discomfort that they give no thought to any other treatment. Many, however, are made to suffer so greatly, and find all the trusses so unsatisfactory, that they are coming more and more to consider the question of radical cure. If it was generally known that by the latest improved surgical methods even the worst cases can, with very little risk, be permanently relieved, with no subsequent truss wearing, there would doubtless be an immediate increase of business for skilled surgeons.

The evolution of herniotomy has only recently reached such a degree of perfection as to justify unqualified recommendation of it to our patients.

The injection treatment has been extensively exploited by advertising specialists, who have reaped a large harvest in this field, by securing a large fee before the recurrence of a hernia that had been temporarily retained. When the number of recurrences became too embarrassing, the business was generally sold to some enthusiast. The successor comes to grief. The decline is rapid and is all the proof needed that the method comes far short of the requirements.

Purely surgical methods have been devised from time to time, and applied with varying degrees of success. Much was for a time expected of the attempt to fold the sac upon itself and stitch it as a living plug in the internal ring. This method has not been justified by experience, and is already a dead one. Another device, still much in vogue, involves lifting the spermatic cord from

its bed, and making a place for it between overlying structures; sometimes immediately under the integument, and, again, under the aponeurosis of the external oblique muscle. This manipulation has occasionally resulted in testicular pain and atrophy, and is not likely to continue in favor. There seems to be no sufficient reason for such an unsurgical procedure, anyway. The essential features of a radical operation can be secured without disturbing the structures normally traversing the inguinal canal.

Surgery has been immensely extended by the discoveries which have removed its chief danger, sepsis, but it has not yet entered the large field herein surveyed to any extent. It can not be doubtful that in the immediate future there will be decided increase in the number of cases of hernia submitted to a radical cure operation.

CHURCH.

#### CHILDBIRTH WITHOUT PRESENCE OF MOTHER.

This is a progressive age. Wonderful discoveries and inventions are so frequent that they no longer cause surprise or wonder, but are regarded as a matter of course. Wireless telegraphy, and telephones without wires, aerial and submarine navigation, typewriting machines into which remarks are made and later handed back neatly written and tied with a blue ribbon, are passed as ordinary occurrences. Surgery has also kept pace with the procession, and her latest triumph is the delivery of the child without the presence of the mother. A case reported in a recent number of a medical journal relates that as the child could not be born in the usual manner because of pelvic deformity, the Cæsa-rean operation was determined upon. After opening the pelvis it was decided to remove the womb entire. This was done. The organ was then taken into an adjoining room and opened, a living, kicking, squalling youngster being thus born. Both mother and child did well, the mother recovering rapidly. This is the first case in which, to our knowledge, the presence of the mother was not necessary during delivery, although, occasionally, the presence of the husband has not been necessary for conception.

WATKINS.

#### SOCIETY MEMBERSHIP.

Except for the care and prompt defense of our State and National Societies, all of our eclectic physicians might have been legislated out of practice long ago. If you appreciate this, you should enlist in this army of defense and aid in continuing protection to those who follow you.

Blackmail suits for malpractice are uncomfortably frequent, and active membership in your State and National Societies is a most effective shield of defense before both judge and jury.

Are you a member of your State or National Association? If so, have you a prospective candidate for membership for the coming year?

Less than one-fourth of the eclectic physicians in the United States are members of the various State Societies. Only five per cent. are members of the National Eclectic Medical Association. Can you not help the situation?

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#### **DESTRUCTION BY FIRE OF TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION FOR 1904 AND 1905.**

On November 9 the printing establishment with the transactions of the National Eclectic Medical Association, for the current year, was entirely destroyed by fire.

Not only was the partly completed volume destroyed, but all the papers, essays, addresses and record of the proceedings, furnished them as "copy," were burned also.

I had saved a proof of the first one hundred pages of the book, which included about twenty, in all, of the addresses and papers, all of the papers in the Materia Medica and Practice Section. Any member of the Association who can furnish me, at once, a copy of the paper he prepared for that meeting is urged to do so, that I may get up another volume of the transactions.

I have saved, also, a copy of the proceedings of the Saratoga meeting, nearly completed, with a copy of the revised Constitution and By-Laws. The reports of the committees are burned. Any one who can furnish me with any data which will make the record complete, for this year, is urged to do so. This will save the Secretary a little of the double burden which this second editing of the annual volume will impose.

The burden of the Secretary's work for the year is the editing of this volume. This second editing, if complete, will be greater than the first. This will delay the volume at least ninety days. Please give these requests prompt attention.

FINLEY ELLINGWOOD, M.D., Secretary,  
100 State Street, Chicago, Ill.

# Akaralgia

A Remedy for  
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## BOOK NOTICES.

**Ophthalmic Neuromyology.** A Study of the Normal and Abnormal Sections of the Ocular Muscles from the Brain Side of the Question. By G. C. Savage, M.D., Nashville, Tenn. Thirty-nine full-page plates and twelve illustrative figures. Published by the author. Cloth. \$2.50.

In this day of fads there is an unfortunate tendency to ascribe almost supernatural results to whatever line of work we are engaged in, and to see nothing beyond the horizon of our contracted line. Under such circumstances it is positively refreshing to review a work by an author who has delved as deeply as has the writer into a subject which but a few years ago was a sealed book. There is probably not another investigator along the line of ophthalmic myology that is as dispassionate in his views, and with the disposition to fairness, yet firmly convinced through careful investigation along rational lines of the importance of his subject, that has not been led into ideas out of proportion to what clinical experience proves to be true.

The importance of more than an average knowledge of the action of the ocular muscles is generally conceded, but the extent of the cerebral centers controlling the functions of the eyes has not been understood, and it is only by patient study and investigation that the tangled web is being unraveled. The author has devoted so much thought to this line, and has been so conservative in his views that even though some of his conclusions do not meet the approval of many oculists, there is a disposition to investigate that otherwise would be lacking. The text is so arranged that there is little difficulty in following the reasoning, and the asser-



tion that much is to be learned on this topic in the future stamps the writer as being honest in his convictions.

If as close attention was given to the cerebral centers in other branches of medicine, the various abnormal conditions would be much better understood. The book is one that every oculist should study, as there is much to be gained by close attention to abnormalities of the ocular muscles.

K. O. F.

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**A Treatise on Diagnostic Methods of Examination.** By Dr. Sahli, of Bern. Edited with additions, by P. Kinnicutt, M. D. and N. B. Potter, M. D. Octavo, 1008 pages, profusely illustrated. Cloth, \$6.50 net. Philadelphia; W. B. Saunders & Co.

We have been awaiting the publication of Dr. Sahli's great work in English. Its immediate success in Germany will certainly be repeated in this country, and the English speaking profession owe to Messrs. W. B. Saunders & Co, a debt of gratitude for their enterprise. Not only does the distinguished professor exhaustively consider all methods of examination for the purpose of diagnosis, but the explanations of clinical phenomena are given and discussed from physiologic as well as pathologic points of view, and with a thoroughness never before attempted in a clinical work. The examination of the stomach, sputum, feces, urine and blood are exhaustively treated.

Some of the new features in the chapter on urine examination are: Seliwanow's reaction for levulose, Bial's test for pentoses, quantitative determination of urochrome after Klemperer. Osmotic pressure and cryoscopy of the urine are also discussed at length, and a description is given of Liebermann and Posner's method of staining urinary pigments. In the chemical examination much attention is directed to describing methods; and this is done so exactly that it is possible for the clinician to work according to these directions. The nervous system has been very elaborately detailed, giving unusual space to electrical examination. Indeed the American edition of this great work contains all the material of the new fourth German edition, with which it simultaneously appeared. Many new illustrations have been added by the editors. The work is indispensable to the active practitioner.

J. K. S.

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**A Text-Book of Physiology:** for Medical Students and Physicians. By W. H. Howell, M. D. Octavo, 905 pages, illustrated. Philadelphia: W. B. Saunders & Co. Cloth, \$4.00 net.

This work is a scientific discussion of psychological problems, and is adapted to the needs of the physician who, having mastered the first principles, desires to pursue the subject further. It should recommend itself to American physicians, as the book is a native production and not a reprint of foreign writers. The treatise is well bound and presents a handsome appearance. L. W.

# Eclectic Medical Books

All of the Books below are listed at strictly net Prices.

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**Materia Medica and Clinical Therapeutics.** By F. J. Peterson, M. D. Published by the author at Los Olivos, Cal. 12mo, 400 pages, cloth, \$3.00.

This work is intended by the author to be a compilation of materia medica facts tending to show the primary and secondary action of remedies, and also their physiological effects. The first half is largely composed of drugs studied from an Eclectic standpoint. The second half is Homeopathic. There are many excellent features in it, such as sections on forms of medicine, classes of remedies, poisons and their antidotes, appearance of tongue after poisoning, incompatibles, contra-indications for drugs in their secondary action, dosage, extended clinical indices, repertories, etc. The book shows a great amount of research, and will serve both Eclectic and Homeopathic physicians equally well. It is novel in that it represents both schools of medicine in therapy, separately treated. The author is a graduate of the California Eclectic Medical College in 1900.

H. W. F.

**Lectures on Homeopathic Materia Medica.** By J. T. Kent, M. D. 965 pages, large 8vo. cloth, \$7.00. Philadelphia: Boericke & Tafel.

This handsome volume is well bound, spring back, with good paper and clear type. The course of lectures here presented was delivered at the Post-graduate School of Homeopathics. The studies of the various remedies are presented in the simple form to explain the author's plan of studying each remedy.

The entire materia medica has not been given. The work is devoted to those leading remedies which have strong characteristics and have been fully proven. The manner in which the subject matter is presented demonstrates the methods by which the materia medica must be evolved and used. This work is particularly readable, for the remedies are handled in an intelligent and interesting manner. It will not only be of value to the student and the younger practitioner, but also to the older practitioner as well. This is a book that can be studied with profit to himself by the medical man of any school of medicine.

C. G. S.

**Manual and Clinical Repertory of a Complete List of Tissue Remedies.** (Biochemistry and Cellular Therapy.) By Dr. Med. Eric Graf von der Goltz. 244 pages, cloth, \$1.25. Philadelphia: Boericke & Tafel.

The aim of the author of this work is "to introduce the student of biochemistry into the clinical practicum."

This book is not a dictionary, but is intended to be a reference book for the selection of the indicated remedy. As the author has practiced exclusively with the biochemical remedies for the past ten years, he should certainly be thoroughly familiar with the subject. This small volume is intended to fill the gaps between "Schussler's Abridged Therapy" and the application of biochemistry. It treats not only of the twelve original Schussler remedies,

but the author has added arsenic, sodium, manganum, alumina, bromium, barium, cuprum, lithium, zincum, and plumbum.

The indexing is thorough; indicating diseases, remedies, and symptoms. To those who are interested in this subject, this work will be of great interest. C. G. S.

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**Diet in Health and Disease.** By J. Friedenwald, M. D., and J. Ruhrah, M. D. Octavo, 639 pages, cloth, \$1.00 net. Philadelphia: W. B Saunders & Co.

This latest work on diet in health and disease is practical and comprehensive. It is prepared to meet the needs of the general practitioner, medical student, hospital interne, and the trained nurse. The dietetic management of disease is given careful consideration. The diet lists are numerous and well selected. The subject of rectal feeding is completely covered. The diet of surgical patients before and after anesthesia, feeding of infants and children, and the dietary procedure after gastro-intestinal operations, have severally been very completely covered. A section is devoted to food adulteration and consequent bad results. Age, occupation and environment are all considered in relation to diet. Any one desiring a complete work on this most important subject will do well in securing this one. C. G. S.

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**Manual of Diseases of the Eye.** By Chas. H May, M D. 400 pages, 21 colored plates, and 60 colored figures; 360 engravings in the text. Fourth edition. Muslin, \$2.00 net. New York: Wm. Wood & Co.

A review of a former edition of this work was made a few years ago. In view of the fact that the fourth edition has been necessary within a period of five years, comment is hardly necessary. The author certainly presents his subject in a readable and pleasing manner, and the engravings and colored plates make of the volume a very handy atlas of eye disease.

The fact that more attention is being given to this branch of medicine in the colleges makes necessary works suitable for undergraduates, and in this book the needs of the class for whom it was written is not lost sight of. The general practitioner who has had no special training in this line will also find the work valuable for diagnosing the various conditions which closely resemble each other.

The work is one that can be heartily recommended, and the publishers certainly have produced an elegant volume. K O. F.

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**Handbook of Anatomy.** Complete Compend of Anatomy. By J. K. Young, M. D. Second editon, revised and enlarged. 171 Engravings. Octavo, 404 pages, cloth, \$1.50 net, Philadelphia: F. A. Davis Co.

This is a well illustrated epitome of anatomy, based most largely upon Gray's classic work, though many other works have been consulted in its preparation. The subject matter is so arranged

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H. W. F.

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**The Elements of Homeopathic Theory, Materia Medica, Practice and Pharmacy.** Compiled and arranged from Homeopathic text-books by Drs. F. A. Boericke and E. P. Anshutz. 196 pages, cloth, \$1 00. Philadelphia: Boericke & Tafel.

Though small, this work of but 196 pages is an aggregation of a great many facts concerning homeopathic principles and practice, compiled from many works upon Homeopathic medicine. One of its most valuable features is a chapter guiding the beginner in the study of homeopathy, giving step by step the books and subjects that should be taken up by the novice. It cannot fail to interest practitioners of all creeds in medicine.

H. W. F.

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**Practical Massage in Twenty Lessons.** By Hartvig Nissen, Author of "Swedish Movement and Massage Treatment." 16 illustrations. 168 pages, 12mo, cloth, \$1.00 net. Philadelphia: F. A. Davis Co.

This is a practical little work by a well known author of several books on the subject. Prof. Nissen handles his subject admirably.

J. K. S.

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**Websters' International Dictionary.** G. & C. Merriam Co., publishers, Springfield, Mass.

We are just in receipt of a copy of this standard work, which now embraces 2380 quarto pages and 5000 illustrations. More than 25,000 new words and phrases have been added to this the latest edition.

J. K. S.

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We are in receipt of a pamphlet containing the proceedings and papers of the Kansas Eclectic Medical Association, compiled by Dr. E. B. Packer, of Osage City, Kas. It contains 70 pages, and embraces the 37th annual session, which was held at Topeka, May 17 and 18. There are a number of very interesting articles, some of which will appear in the forthcoming issue of this Journal. The Kansas Society has published Transactions for several years, and the example should be followed by many others.

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We have just received the 45th annual publication of the Massachusetts Eclectic Medical Society, embracing papers and proceedings for the year ending June 2, 1905. We notice an article on "The Physician," by Dr. Wm' H. Russell, minutes, proceedings of the Executive Committee, Board of Councillors, and list of officers and members with addresses. This Society prints each annual Transactions with consecutive folios, and are now up to 1532.



**The Delineator for December.**

For colorwork, presswork, and general beauty and usefulness, the December Delineator is conspicuous among the Christmas magazines. Eight paintings by J. C. Leyendecker, illustrating and interpreting the twenty-third Psalm, is the most extensive color feature of the number, but a painting by Alphonse Mucha, accompanying a poem, "The Mother of Bartimeus," by Theodosia Garrison, is fully as notable as an art work. The short fiction of the number comprises stories by Hamlin Garland, John L. Long, Gilbert Parker, and Alice Brown. A series of illustrated papers under the title, "Some Heroines of Shakspeare, by their Impersonators," also begins in this number with Eleanor Robson on Juliet.

We are in receipt of the October issue of a little journal entitled "The Bloodless Phlebotomist," which is being issued monthly by the Denver Mfg. Co. of New York City, in the interest of their well known preparation, Antiphlogistine. It will be sent free on request to any reader of this Journal.

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## COLLEGE AND SOCIETY NOTICES.

**To the Eclectics of the United States.**

Your attention is hereby directed to the next annual meeting of the National Eclectic Medical Association, which will convene at Hotel Victory, Put-in-Bay, O., June 19-21, 1906.

One request I desire to make of the members of the National, and I hope every member will take special notice: it is that when any of the officers, whether of the association proper or of the section work, write you for any information; please be prompt in your reply. It will make our labors much lighter, and our work more interesting.

If you have on your mind a subject that you would like to present at our next meeting, write to me at once, and I shall see that you are placed under the proper section, and will also see that you get a hearing at Put-in-Bay.

The Committee of Arrangements, of which Dr. W. K. Mock, of Cleveland, O., is chairman, have already done and are still doing valuable work.

Dr. B. K. Jones, our treasurer, reports to me that the boys are responding nicely, and that the financial end of the Association is progressing. I appeal to all those who are yet in arrears to remit at once to Dr. Jones.

If any member of the National desires to offer me any suggestions, be assured they shall receive due consideration, and your letter a prompt reply.      Fraternally yours,

J. P. HARVILL, M. D., President, Nashville, Tenn.



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**T. A. E. Notes.**

Bro. Frank N. McLaren, M. D., class of 1903, is located at Table Grove, Ill. Dr. McLaren reports a flourishing practice in which he is meeting with success. Glad to hear it, "Mack."

Some time in October the Wedding bells were heard to jingle. The contracting parties were Bro. Kimmel Rauch, M.D., of Johnstown, Pa., and a Miss Zeachley, of Meyersdale, Pa. Dr. Rauch is a member of the class of 1899. We wish them a happy and successful life.

Bro. Byron Van Horn, M D., class of 1905, has been appointed assistant demonstrator of anatomy in his alma mater,

Bro J. W. Caines, M D., who graduated at the Baltimore Medical College last spring, has entered the E M. Institute, from which he expects to receive a diploma with the 1906 class.

Bro. Chas. Beaman, M. D., class of 1903, is located in Dayton, O.  
D. E. BRONSON.

**College Y. M. C. A. Notes.**

By the kindness of Dr. Scudder I am given space in which to itemize some of the most important features occurring during the month in this very essential department of college life—the Y, M. C. A.

We aim to call every month during the college year, so that those having gone out to assume the actual duties of their chosen profession, who were active workers in this department while here, may see that their work is perpetuated, and that we are endeavoring to further the cause they cherished, which is so essential for a complete education.

On October 27th, Dr. Flavius Brobst, of New Orleans, an orator of national repute, an entertaining speaker and profound thinker, delivered his famous lecture entitled, "Smiles and Laughter." It was given in the lecture room of the E. M. Institute, in the interest of the Association. Mr. Brobst not only interested, but highly entertained his audience for two hours, by his wit and humor. We wish all students could have heard him.

On Oct. 28 and 29, a convention of the students Y. M. C. A. Volunteer movement of the South-western district of Ohio, was held at Lebanon. Of the six colleges represented the E. M. I. stood third in their representation. Those who were present were : Drs. E. G. Padgham, G. H. Candlin, W. H. H. Schrock, W. B. Cunningham, G. W. Gregg, and D. E. Rausch.

Our annual Reception was held Nov. 17, in the Central Y. M. C. A. Reception Hall. The Faculty, with almost the entire student body and their friends, were present. A splendid program was rendered, which was concluded by an excellent address by Prof. Thomas, in which he so eloquently pictured the need of conscientious Christian men in the various walks of life.

We congratulate the President, E. G. Padgham, and his committees on their work, and we extend our thanks to the Secretary of the college who is instrumental in giving to the students an evening of enjoyment each year, and hence promoting the work of the Association.

D. E. RAUSCH, Itemizer.

## PERSONALS.

**MARRIED**—At Rockford, W. Va., Nov. 1, Dr. A. Judson Kemper, E. M. I. '03, and Miss Pearl Swisher, The Journal extends congratulations.

**DIED**—At Americus, Kas., Sept. 27, Dr. T. Arthur Wright. Dr. Wright had practiced medicine forty-four years. He leaves a widow and four daughters. His location would be an excellent one for an active young Eclectic. Particulars can be obtained by addressing, with stamp, his widow, Mrs. Kate I. Wright, box G, Americus, Kas.

**DIED**—At Peoria, Ill., Nov. 4, Dr. G. R. Shafer, a graduate of Bennett College in 1881, of ulcerative endo-carditis. Dr. Shafer was a prominent member of the National and State Societies, a man of great force of character, and a fine physician. The Illinois Society sustains a great loss. He was a man of considerable wealth, and had a large and lucrative practice.

Dr. Wm. C. Choate, E. M. I. '04, who passed the Arkansas State Board examination in May, 1901, is now located at Havana, Ark.

Dr. H. B. Boram, E. M. I. '05, passed the Indiana Board in October, with a grade of 87.2. Mrs. Alta M. Boram passed at the same time with an average of 89.9. Dr. and Mrs. Boram are located at Brimfield, Ind.

Dr. George A. Barry, E. M. I. '05, passed the October examination before the Indiana Board, with a general average of 84.6, and is now located at Terre Haute, Ind.

Dr. Etta C. Jeancon, E. M. I. '05, will register in Colorado, and is located at Denver. Her father, Chas. A. Jeancon, E. M. I. '79, son of the late Prof. Jeancon, is also practicing at the same place.

Dr. W. S. Bogart, E. M. I. '08, who was formerly located at Hanna, Wyoming, has removed to Erie, Colo.

Dr. Chas. F. Kyser, E. M. I. '05, is now located at Colorado City, Colo. He recently passed the Kansas State Board examination.

Dr. H. T. Webster, formerly Professor of Practice in the California Medical College, has returned from a six months trip in the East, and is now located at Oakland, California. He is again in excellent health, and taking up active practice.

Dr. Pearl R. Bennett, E. M. I. '05, was successful at the October examination before the Indiana State Board of Medical Registration, passing with an average of 82.9. He is located at Farmersburg, Ind., and is doing nicely.

Dr. C. L. Friedline, E. M. I. '08, has removed to Stoyestown, Pa., where he has bought the home and practice of a retiring physician, and is doing very nicely. He is examiner for several life insurance companies, and local surgeon for the B. & O. Railroad.

**LOCATIONS.**—Two good locations in Texas. For particulars address, with stamp, E. L. Walker, Gladewater, Texas,

Good country location in Arkansas. For particulars address, with stamp, Mr. A. L. Beaumont, Bradley, Ark.

Good location at Petosky, Michigan. Will sell office furniture and drugs of my late husband. For particulars address, with stamp, Mrs. James Cannon, Petosky, Mich.

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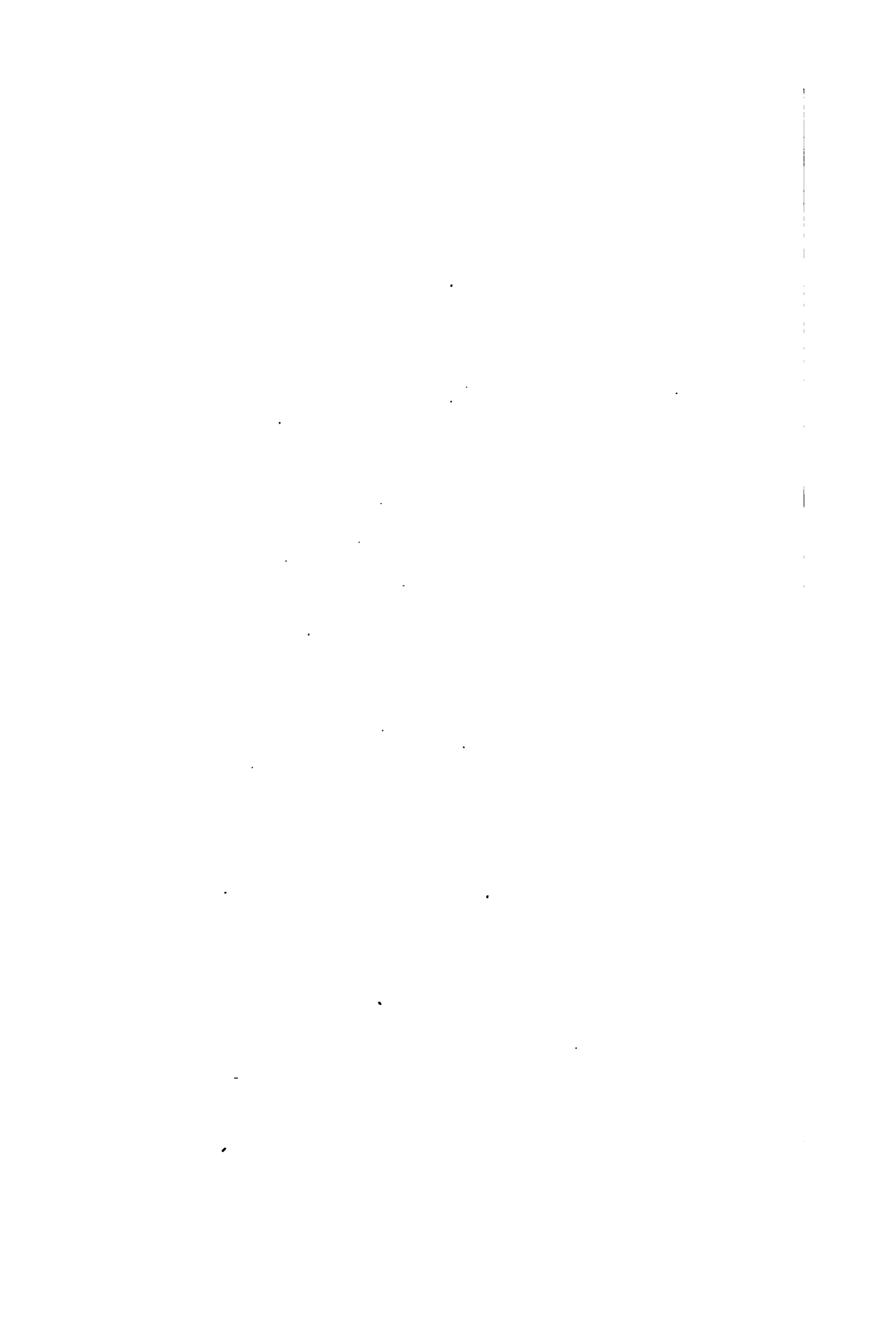
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